COMMONWEALTH OF KENTUCKY

OFFICE OF DRUG CONTROL POLICY

JUSTICE & PUBLIC SAFETY CABINET

KY-AGENCY FOR SUBSTANCE ABUSE POLICY

NEW BOARD START-UP INFORMATION

A COMMONWEALTH OF HEALTHY COMMUNITIES, FREE OF THE ABUSE OF ALCOHOL, TOBACCO

AND OTHER DRUGS AND RELATED CONSEQUENCES

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Section I

SAMPLE LETTER OF INTENT

LETTERHEAD OF YOUR COUNTY EXECUTIVE

Date

Amy Andrews
KY-ASAP State Program Coordinator
Office of Drug Control Policy
Justice & Public Safety Cabinet
125 Holmes Street
Frankfort, KY 40601

RE: _____ County Local KY-ASAP Board Designation

Dear Ms. Andrews:

As _____ County Judge Executive, I am happy to support _____ County's efforts to gain Kentucky Agency for Substance Abuse Policy (KY-ASAP) Local Board designation. Recent _____ [survey, etc.] indicate that more community leaders and agencies need to be involved in efforts to reduce substance use and abuse among our community's citizens. We believe that being a part of the Kentucky Agency for Substance Abuse Policy Local Board designation process will allow our community leaders to conduct a critical assessment of substance abuse prevention and treatment needs and resources to identify any duplicative services and determine service gaps. This critical assessment will be very beneficial for strategy development and to help ensure that substance abuse prevention and treatment dollars are being spent in the most efficient, effective way possible.

Thank you for the opportunity to be part of this Local Board designation process. The Fiscal Court and Judge Executive's office pledge to work cooperatively with the _____ County Local KY-ASAP Board Development Team in order to address substance abuse in _____ County.

Sincerely,

_____ County Judge Executive

Section II

ESTABLISHING A FISCAL AGENT

The Fiscal Agent is defined as a public entity that shall have a permanent representative on a local board and have a financial structure that currently receives funding from state or federal government.

1. To qualify as a fiscal agent the following criteria must be established.
    - Must have a permanent representative on the board
    - Must submit a letter of agreement to KY-ASAP stating its intent to serve as fiscal agent
    - Must receive payment of KY-ASAP funds
    - Must provide insurance as board and officers, as needed (errors and omissions policy)
    - Provide reports to the local board as to expenditures
    - Submit an expenditure report every six months for review
    - Maintain an accounting system that will provide accurate, current and complete disclosure of the financial activities of the local board and provide control over and accountability for all local board funds. The accounting records must be supported buy source documentation
    - Must attend the Needs and Resources Assessment review
    - Must have an established financial structure (accounting/bookkeeping capabilities)

2. The fiscal agent, as the second party to the contract, should do whatever is appropriate to assure third party (the local board) compliance with the contract as to those activities regarding the coordination work and the semi-annual report to the state KY-ASAP office.

    As to expenditures of funds, the fiscal agent has complete authority to monitor expenditures to insure that they are in compliance with the approved budget and to say “no” to unapproved expenditures. A good practice is to refer to the approved budget before making expenditures.

3. If the board should decide that staff is needed to assist in the functioning of the board to accomplish overall direction for the board, the board needs to be aware that the role of supervision, hiring and termination and all other job responsibilities are appropriate activities of the fiscal agent who employs the staff, not the board. Second, this clarity of understanding would permit the fiscal agent to comply with its personnel guidelines with out continued review by the board. Although not directly asked, however related to the hiring of staff as well, any other staffing choice would remain within the discretion of the agency selected by the local board to address specific needs as recorded in the local strategic plan. Clearly, the local board does not implement programming nor is designed to become a body with a large staffing structure.

SAMPLE FISCAL AGENT LETTER

FISCAL AGENT LETTERHEAD

Date

Amy Andrews
KY-ASAP State Program Coordinator
Office of Drug Control Policy
Justice & Public Safety Cabinet
125 Holmes Street
Frankfort, KY 40601

RE: _____ County Local KY-ASAP Board Designation

Dear Ms. Andrews:

_____ (TAX ID#_____) agrees to serve as the fiscal agent for the _____ County Local KY-ASAP Board. I acknowledge that _____ will be the legal entity that will contract with the Office of Drug Control Policy. I further acknowledge that _____ will be responsible for administering the approved budget for the _____ County Local KY-ASAP Board and will make any required fiscal reports.

Although to date, the Local Board Development Team has not indicated that the _____ County Local KY-ASAP Board will require hiring staff, I understand that if any staff is hired to assist the local board, he or she will be a _____ employee. Should the _____ County Local KY-ASAP Board decide to hire staff, I understand that he or she will receive direction from the _____ County Local KY-ASAP Board and that the _____ County Local KY-ASAP Board will determine the scope of work; however, day-to-day supervision will be the responsibility of _____.

Section III

CONVENING AGENCY

The Convening Agency is defined as the agency or group proposed to convene your community's leaders, and who will serve as key support for the local KY-ASAP and the process used to choose this group/agency.

You should attach a letter of acceptance by the proposed convening agency accepting this role. If the agency is other than the Office of the County Judge Executive or if this is a multi-county effort letters from each County Judge stating their and/or their fiscal court's commitment to support the establishment of the Local KY-ASAP Board.

The Convening Agency should maintain meeting notes of all Local KY-ASAP board development committee meetings. These notes should describe the issues that were addressed, any decisions made regarding those issues and a list of individuals present. These notes, accompanied by meeting agendas, must be submitted to KY-ASAP.

Section IV

LETTERS OF ACKNOWLEDGEMENT

The convening agency must submit letters of support from three (3) of the following five (5) agencies that will serve all or a part of your county or group of counties. These agencies are:

1. Independent or District Health Department
2. Community Mental health Center or Regional Prevention Center
3. Family Resource or Youth Services Center
4. Board of Education or Superintendent
5. Department of Community Based Services

If one of your three agencies is the convening agency, the letter submitted in Section IV above will suffice for one of the three required letters of acknowledgement.

Section V

MISSION/VISION STATEMENT

Submit a mission/vision statement developed by the group.

Additionally provide a narrative that describes how the mission/vision statement addresses the following:

1. Group Cohesiveness – describe how the group has worked together, determined objectives, achieved commitment and made decisions.

2. Priority Setting – describe how the group narrowed a list of many needs to the most important ones to be addressed.

3. Ability to Achieve Community Goals – describe how the group will manage goals set by the group that will been ongoing and goals that have limited impact. Additionally, describe how the group will handle goals are not met.

Section VI

EXISTING STRATEGY

Provide a copy of any existing strategy or plan of action regarding alcohol, tobacco or other drug (prevention or treatment) or another health related issue created by the group.

Section VII

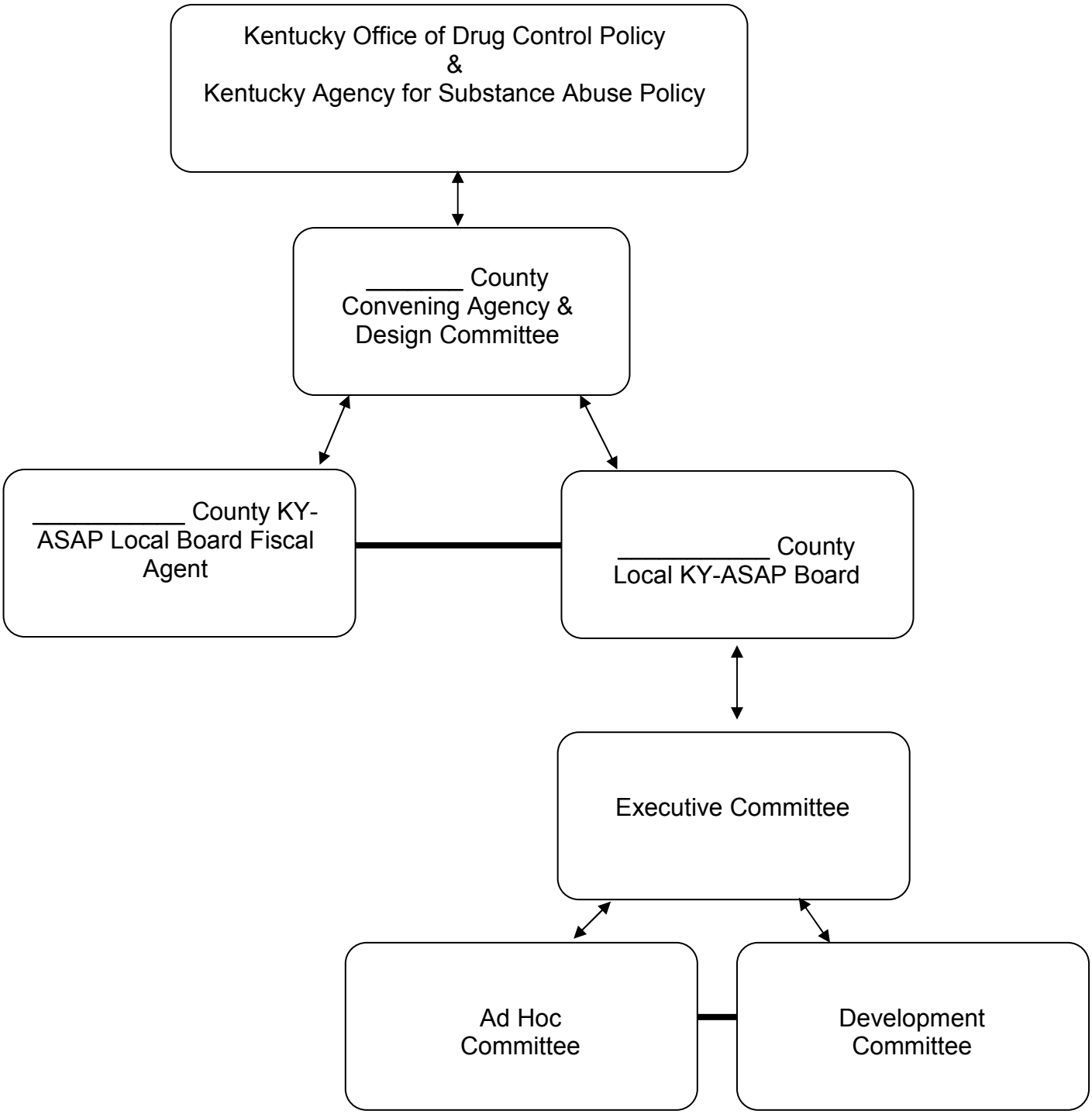
ORGANIZATIONAL CHART

The group should build a network structure, linking numerous, separate organizations to optimize their interaction in order to accomplish a common overall goal. The network structure should be designed so that the group is best able to address the needs of the community within the limitations of the community's resources and to avoid duplication of services.

SAMPLE ORGANIZATIONAL CHART

_____ COUNTY
KENTUCKY AGENCY FOR SUBSTANCE ABUSE POLICY (KY-ASAP)
LOCAL BOARD

Organizational Chart



Section VIII

DECISION MAKING PROCESS

A narrative should be submitted that describes the organizational chart, identifies and describes the various components presented on the organizational chart including the major responsibilities for each component within the system, how decisions are made and how communication occurs within and among the various components.

SAMPLE DECISION MAKING PROCESS

The _____ County Local KY-ASAP Board is a subsidiary local unit of the Kentucky Agency for Substance Abuse Policy (KY-ASAP). The processes undertaken by this local board occur in concurrence with KY-ASAP.

Our community feels that our community citizens are the vital component of this process. We feel that in order for this planning process to not only begin, but also to become the starting point in alcohol, tobacco, and other drug use (ATOD) prevention and treatment issues, then the _____ County Local KY-ASAP Board need to rely on the commitment and expertise of its local county citizens.

All entities represent a braided network of communities. The Design Committee will provide the framework for developing the Needs and Resource Assessment and local board. This committee will set out the basic goals of the local board as well as develop by-laws and policies for the board. The Design Committee will meet regularly on an as needed basis in the beginning phases.

The primary purpose of the Design Committee is to gather and analyze data and strategic plans and complete the Needs and Resource Assessment Document. The members will make suggestions and decisions will be made upon consensus. Information not discussed at regularly meetings will be disseminated by e-mail, first-class mail, or phone.

The Design Committee will become know as the _____ County Local KY-ASAP Board after the initial funding is received from KY-ASAP. Either the Executive Committee or an ad-hoc committee will then be formed containing both voting and non-voting members of the Local Board with the responsibility of working with the original Needs and Resource Assessment to complete the strategic plan. The members of either of this committee will make suggestions and decisions will be made upon consensus. Information not discussed at regularly held meetings will be disseminated by e-mail, first-class mail, or phone.

A Board Development Committee will be formed whose primary focus will be to recruit members for the local board. The Board Development Committee will also draft letters of invitation to potential board members during the initial processes of establishing the local board. Meetings of the Board Development Committee will co-exist with the Design Committee/Local Board as membership is repetitive between the groups. The members of each committee will make suggestions and decisions will be made upon consensus. Information not discussed at regularly held meetings will be disseminated by e-mail, first-class mail, or phone.

The Board Development Committee will become known as the Community Board Development Committee after the initial funding is received from KY-ASAP. This will be a standing committee containing both voting and non-voting members of the Local

Board with the responsibility of working with the original Board Development Committee to recruit new board members or to replace current board members who cannot continue to serve. They will recruit members for the non-voting membership as well. This committee will operate within the guidelines of board selection as outlined in the bylaws of the _____ County Local KY-ASAP Board. This committee will also serve as the nomination committee for the executive committee offices of Chairperson and Vice Chairperson. The members of each committee will make suggestions and decisions will be made upon consensus. Information not discussed at regularly held meetings will be disseminated by e-mail, first-class mail, or phone.

The purpose of the Local Board is to develop a long-term strategy that is designed to reduce incidence of substance abuse, promote effective treatment of substance abuse, decrease the incidence of tobacco use, and prevent the early start of tobacco use. The Local Board has full power and authority to develop and oversee the community strategy as such. Officers will include a Chairperson, Vice Chairperson, and Secretary/Treasurer (standing appointment from the fiscal agent). The Chairperson will preside over the meeting. The Local Board will consist of a maximum of _____ members. *[20 members if single county board or 30 members if multi-county board]* All decisions relating to strategic plan development and implementation will be decided and voted upon by the local board. All ad-hoc committees will make recommendations to the Executive Committee. The Executive Committee will take these recommendations to the voting membership of the Local Board. Roberts' Rules will be followed, and decisions will be made by a quorum of 50% plus one from the voting membership. The Secretary/Treasurer via e-mail, first-class mail, or phone will disseminate information not discussed at regularly held meetings. The Secretary/Treasurer within 14 days of the meeting date will distribute minutes of the meeting to all members of the committees and board.

Section IX

SAMPLE LOCAL BOARD BYLAWS

Kentucky Agency for Substance Abuse Policy (KY-ASAP)
_____ COUNTY LOCAL BOARD NAME KY-ASAP Board

BY-LAWS OF THE _____ COUNTY LOCAL KY-ASAP BOARD

Article I: Name

The body shall be known as the _____ County Local KY-ASAP Board, hereinafter referred to as the Local Board.

Article II: Mission

Section 2.1: The mission of the Local Board is to develop a long-term strategy that is designed to reduce the incidence of youth and adult smoking and tobacco addictions, promote resistance to smoking, reduce incidence of substance abuse, and promote effective treatment of substance abuse in _____ County.

Section 2.2: The Local Board will work to develop a strategy which:

1. considers all individual county resources
2. seeks to engage every section of the participating counties
3. includes an assessment of needs and available services
4. reflects the mission of the Local Board
5. enables the coordination and collaboration of alcohol, tobacco use and drug and alcohol abuse prevention and treatment resources and systems in the _____ Area Development District region.

Article III: Geographic Area

Section 3.1: The area to be served by the Local Board shall include all of _____ County.

Article IV: Board Standards

Section 4.1: Membership
Board membership shall consist of a minimum of fifteen (15) and a maximum of twenty (20) members. [or thirty (30) members for multi-county board].

Section 4:2a: Composition

The Local Board shall be comprised of a comprehensive representation of _____ County. The Local Board shall seek minority membership representation reflective of _____ County regional demographics. The Local Board shall have the following permanent members:

1. County Judge Executive(s) or designee(s)
2. Executive Director of a community mental health center or designee
3. Executive Director of a health department or designee
4. Coordinator of a Family Resource or Youth Services Center
5. Superintendent of a local school system or designee
6. Service Region Administrator of the Cabinet for Families and Children, Department of Community Based Services or designee

Section 4.2b:

Non-permanent members of the Local Board may be drawn from the following community areas:

7. Business
8. Religious Organizations
9. Judicial system
10. Law Enforcement
11. Media
12. Health Care
13. Groups whose mission is to provide alcohol, tobacco, and other drug prevention
14. Groups whose mission is to provide alcohol, tobacco, and other drug treatment
15. Local leaders in the area of alcohol, tobacco and other drug prevention
16. Members of existing health or related strategic planning initiatives
17. Local college
18. Youth
19. Parent
20. Teacher or other school personnel
21. Senior Citizen Interest Group

Section 4.3: Nominations and Appointments

Board representation as specified in Subsection 4.2b of this section shall not exceed 10% per category of the total board composition. Ex-officio members (4.2a) shall not be counted within the 10% restriction. Representatives from health departments and community mental health centers shall be equivalent.

Section 4.4: Terms of Appointment

The term of board members as specified in Section 4.2a shall not expire. Non-permanent board members as specified in Section 4.2b shall serve staggered terms, serving no more than 2 consecutive 3 year terms. Partial terms will not constitute full terms.

Section 4.5: Termination
Two (2) consecutive unexcused absences on the part of any non-permanent member to regularly scheduled meetings of the Local Board shall serve to prompt the chairperson of the Local Board to inquire as to whether the member intends to remain on the Local Board. If the member indicates he/she is no longer interested or does not reply, the chairperson shall appoint a nominating committee to appoint a new board member.

Section 4.6: Vacancy
In the event of a vacancy, the executive committee will submit nominees to the full Local Board to fill the existing term.

Section 4.6: Local KY-ASAP Board requirements
Local Board requirements include:

A. maintaining a written description on how members and officers are defined and selected
B. written by-laws
C. an organizational chart
D. a written description of the responsibilities of officers
E. a written description of procedures for decision-making
F. a written description for member rotation
G. establishment of meeting times at regular time and date
H. preparation of a written agenda for each meeting
I. provision of a standard orientation for all new members
J. distribution of meeting minutes to members prior to each meeting
K. a written description of procedures for dispute resolutions
L. selection of a fiscal agent that receives funding from state or federal government

Section 4.7: Conflict of interest
Any member of the Local Board having direct or indirect interest, beyond being a Local Board member, in any issue before the Local Board or any of its committees, shall recuse himself/herself from discussion of or decision on said issue.

Article V: Organization

Section 5.1: Organization
The officers of the Local Board shall include the Chairperson and Vice Chairperson. They may be aided in their endeavors by the ASAP Coordinator, hired by the [hiring entity, i.e. regional prevention center, fiscal agent, etc.], acting as an administrative assistant and having no vote.

Section 5.2: Chairperson
The Chairperson of the Local Board shall preside at all regularly scheduled meetings of the Local Board and shall serve as a representative of the Local Board to the Kentucky Agency of Substance Abuse Policy.

Section 5.3: Vice-Chairperson
The Vice Chairperson shall assume all duties of the Chairperson in his/her absence at regularly scheduled meetings.

Section 5.4: _____ County Local KY-ASAP Administrative and Technical Assistance
The Local Board may employ needed personnel, or contract for any and all administrative and technical assistance. Such employee may be responsible for any of the following:

A. develop and implement programs, plans, or grants
B. maintain the minutes of the regularly scheduled meetings
C. send meeting notices
D. prepare written meeting agendas
E. distribute minutes before the meeting
F. provide an orientation to newly elected Local Board Members
G. provide other administrative assistance to the Local Board and all committees as needed and assigned by the Local Board

This will be done in accordance with the policies and procedures of the fiscal agent and any contractual requirements imposed by the founding source.

Section 5.5: Terms of Office
Officers shall be elected or appointed for a term of two years. Officers will be able to serve additional years upon reelection, not to exceed two (2) consecutive terms.

Section 5.6: Election of Officers
A nominating committee shall be appointed by the chairperson and approved by the Local Board for election of officers. Candidates will be recommended to the Local Board by the nominating committee for election. Recommended candidates must be current Local Board members. Voting shall be by members present. Election of officers shall begin with the chairperson. The next office to be elected shall be the vice chairperson.

Article VI: Committees

Section 6.1: Executive Committee
The Executive Committee shall be composed of the Chairperson, Vice Chairperson, one permanent board member elected by the Local Board, and two non-permanent board members elected by Local Board. The Executive Committee shall:

A. guide the activities of the Local Board as required between meetings of the Local Board, following policies established by the Local Board
B. Meet upon call of the Chairperson.

C. The minutes of its meetings shall be provided to the full Local Board at the next regular meeting of the Local Board following the Executive Committee meeting. All actions of the Executive Committee are subject to review and ratification by the Local Board.

Section 6.2: Ad Hoc Committees
The Chairperson of the Local Board may appoint ad hoc committees as necessary.

A. The chairperson of the committee must be a member of the Local Board and shall be approved by the committee members
B. Membership of the committee is not limited to the Local Board members but will have at least two members of the Local board and may include other interested or knowledgeable parties from the advisory network
C. The committee shall establish goals toward meeting the specific purpose(s) for which appointed. The committee shall report periodically to the Local Board. When the purpose for which the committee was appointed has been completed, the committee shall disband following its final report to the Local Board

Article VII: Local Board Meetings

Section 7.1: Regularly scheduled meetings of the Local Board shall be at least quarterly at a regularly scheduled time and date.

Section 7.2: Special meetings shall be set on an as needed basis by the Executive Committee or by one third of the membership at any time or place by giving sufficient notice to the Local Board. The time and place of special meetings shall be announced not less than one week in advance of such meetings.

Section 7.3: A quorum for any meeting of the Local Board shall consist of 50% plus 1 of the membership *[IF MULTI-COUNTY BOARD ALSO INCLUDE - with 3 out of the 5 counties represented.]*

Section 7.4: At all meetings of the Local Board, the members present shall have one (1) vote and all decisions shall require a majority vote of the members present and voting.

Section 7.5: In order to provide dispute resolution, any Local Board Member may request the use of the Decision Matrix (attached to bylaws) to provide a more systematic and objective means to a board decision.

Section 7.6: All meetings shall be conducted with the most recent version of *Robert's Rules of Order.*

Section 7.7: All meetings shall be conducted in accordance with the Open Meeting Law.

Article VIII: Amendments

Section 8.1: These By-laws may be amended at any regular or special meeting of the Local Board provided all members of the Local Board are notified by mail of proposed changes at least fourteen (14) days prior to regular or special meetings. The Local Board shall approve the proposed amendments by a two-thirds (2/3) majority vote of those members present.

Section X

CONFLICT RESOLUTION POLICY

The Local Board needs to be able to detect and quickly correct errors in judgment and decisions. The conflict resolution policy should allow the system to address problems as they arise. Most problems are solvable or can be improved; they are opportunities to make some good happen; they are challenges that make life interesting. Having a conflict resolution policy in place will enhace the group's ability to solve problems, increase efficiency, participation, and satisfaction.

SAMPLE CONFLICT RESOLUTION POLICY

_____ County Local KY-ASAP Board Conflict Resolution Policy

It is the policy of the _____ County Local KY-ASAP Board to work in partnership with schools, law enforcement, and other key players in the community to implement a multi-strategy community-wide prevention program that is fair and beneficial to all parties involved.

Collaboration is vital to the success of this project and its goals. This conflict resolution policy is intended to constructively address differences of opinion in order to reach a fair and effective conclusion. It is the belief of this program that conflict resolution can be reached through one of three steps: negotiation and/or compromise, mediation, or the final step of arbitration.

Upon acceptance by the _____ County Local KY-ASAP Board, through a majority vote of its board members, all differences of opinion between program staff, coalition partners, task force members, etc., which halts the progress and/or good will within the program, will utilize the Conflict Resolution Policy outlined below.

STEP 1: NEGOTIATION/COMPROMISE

In the event of any dispute, question, or disagreement arising from or relating to the work of the _____ County Local KY-ASAP Board, the persons involved will use their best efforts to settle the dispute, question, or disagreement. They shall consult and negotiate with each other in good faith and in recognition of their mutual interests; and shall attempt to reach a fair and equitable solution satisfactory to both persons.

STEP 2: MEDIATION

If the parties involved in the dispute, question, or disagreement are unable to reach a mutually satisfactory compromise, the will follow the following mediation steps to reach a resolution. The _____ County Local KY-ASAP Board Chairperson and Officers will select a mediator.

Stage I – Assessing the Issue

1. A meeting between the mediator and all persons involved in the conflict will be scheduled.
2. The persons involved will verbally outline the nature and source of the conflict, summarizing and clarifying issues so that all parties have a clear understanding

of each position. The leading persons in the conflict will agree to work with the mediator with the intention to solve the conflict.

Stage II – Identifying Stakeholders

1. Persons involved in the conflict will define what interest or goal they feel is at stake that has lead to the conflict. They will identify other persons or groups affected by the issue.
2. All parties will review the mission and goals of the _____ County Local KY-ASAP Board, and their current role in its operation.
3. Other parties identified as stakeholders or who are affected by the conflict may be asked to participate in the conflict resolution process.
4. If necessary, another meeting may be scheduled to include other identified stakeholders, needed to reach a fair resolution of the issue.

Stage III – Education/Reaching Solutions

1. The mediator will set the ground rules and keep the discussion focused on the relevant issues.
2. The parties involved will identify the common interests, needs, goals, and motivations.
3. The mediator will assist the parties in identifying and defining those issues that cannot be altered or compromised in relation to the _____ County Local KY-ASAP Board.
4. The parties involved will identify and discuss options that focus on the success of the _____ County Local KY-ASAP Board's goals rather than individual interests.
5. With the help of the mediator, the parties will make a mutually beneficial agreement that creates a lasting solution to the conflict.

STEP 3: ARBITRATION

If the conflict remains unresolved at this point, the issue will be taken to an unbiased thrid party appointed by the _____ County Local KY-ASAP Board and approved by the _____ (Convening Agency, RPC, or other liaison). The arbitrator will be presented with all necessary information from the parties involved. After reviewing this information, he or she will render in writing the final decision to settle the conflict issue. This written decision will be presented to the entire _____ County Local KY-ASAP Board.

Signed: _____ Date: _____
Local Board Chairperson

Print Name: _____
Local Board Chairperson

Section XI

DEVELOPMENT OF BOARD MEMBERSHIP

- Membership of a single county Local KY-ASAP Board shall be no less than 15 and no more than 20 members.

- Membership of a multi-county Local KY-ASAP Board shall be no less than 15 and no more than 30 members.

Representatives appointed under any paragraph in this section, excluding the county judge/executive, shall not comprise more than 10% of the total board membership. This means in a single county local board with 20 seated members no more than 2 representatives may serve from any one area. Local Boards should be cognizant of the need to include representation from all three areas:

PREVENTION, TREATMENT & LAW ENFORCEMENT

An agency apopinting a permanent member to a local board shall appoint a resident of the county or counties in which the board operates, unless it certifies to the local board that it has no employee residents with authority to speak for the agency. The local board may accept or reject the appointment of a non-resident by a majority vote. A non-resident may be appointed as a nonpermanent member of a local board if a majority of the local board determines the appointee has demonstrated a commitment to the delivery of services in the county or counties served by the local board. ***In no case shall a local board consist of less than a majority of members who reside in the county or counties served by the local board***. The local board shall notify KY-ASAP with 10 days of the appointment of a non-resident member, and the circumstances regarding such appointment.

a. Permanent membership.
    i. County Judge Executive or designee;
    ii. Executive Director of a community mental health center or designee
    iii. Coordinator of a family resource or youth services center
    iv. Superintendent of a local school district or designee
    v. Service region administrator of the Cabinet for Health and Family Services, Department for Community Based Services or designee
b. Non-Permanent membership.
    i. Business Leaders
    ii. Religious Leaders
    iii. Judicial System
    iv. Law Enforcement
    v. Media
    vi. Health Care

vii. Group with funds to provide alcohol, tobacco, and other drug ***prevention***
viii. Group with funds to provide alcohol, tobacco, and other drug ***treatment***
ix. Local leader in the area of alcohol, tobacco, and drug prevention
x. Member of existing health or related strategic planning initiatives
xi. University or local college

REPRESENTATION FROM HEALTH DEPARTMENTS & COMMUNITY HEALTH CENTERS SHALL BE EQUIVALENT

Section XII

RECRUITMENT PLAN

Lay out the steps that are proposed to invite agencies/groups/people to participate in the advisory system either as members of the board or in some other capacity.

1. Exactly how will you contact and engage agencies in order to have the agency policy person or ultimate decision maker present.

2. How will you identify other individuals to sit on the board or participate in another official capacity of the local board.

3. Who will make the contact

    a. when will the contact be made
    b. how will you make contact
    c. where will you make the contact
    d. what will you ask them to do

    Minimally, this information should be provided for the board in your initial draft. The final product would include similar information for all components of the board.

Section XIII

NEEDS AND RESOURCE ASSESSMENT

The Needs and Resource Assement Workbook follows this page.

"A Commonwealth of healthy communities,
free of the abuse of alcohol, tobacco,
and drugs and related consequences."

Needs and Resource Assessment Workbook

Updated: October 16, 2007

Kentucky Needs Assessment Template

Table of Contents

STEP 1: PLANNING FOR THE NEEDS ASSESSMENT PROCESS

Begin the Needs and Resource Assessment process by establishing goals and objectives your Design Team hopes to accomplish with this process. A good needs and resource assessment can accomplish a number of goals for prevention planning groups. Such goals can include:

- Helping people in the community move past denial of ATOD problems into action to address them
- Building a common understanding of community problems and their probable causes
- Increasing community buy-in to prevention planning
- Addressing the community's ATOD-related problems proactively
- Promoting the team effort needed to devise and implement solutions
- Planning for the implementation of the most effective prevention and treatment strategies
- Making better decisions and making mid-course corrections
- Determining the impact of prevention and treatment services and celebrating successes

Needs and Resource Assessment process objectives include:

- Collecting data about substance use-related issues in the community
- Identifying the community's substance use-related issues through an assessment of risk and protective factors
- Assessing the status of the current ATOD use in the community
- Determining the magnitude of the issues
- Establishing a community profile or baseline of the community's needs
- Prioritizing the community's ATOD needs
- Identifying the ATOD prevention services currently available in the community that address the prioritized issues
- Identifying the gaps and duplication of existing community prevention services that address the prioritized issues
- Reporting the community's ATOD prevention gaps to be addressed in the community's strategic plan

Complete TABLE 1A, establishing your Design Team's goals and objectives for the needs and resource assessment process. TABLE 1B provides a GANT chart to help your team establish a timeline for meeting the action steps necessary to accomplish your Needs and Resource Assessment objectives. Be sure to identify all the steps and deadlines needed to meet a given objective, planning from the deadline backward to the present.

TABLE 1A Needs Assessment Goals and Objectives

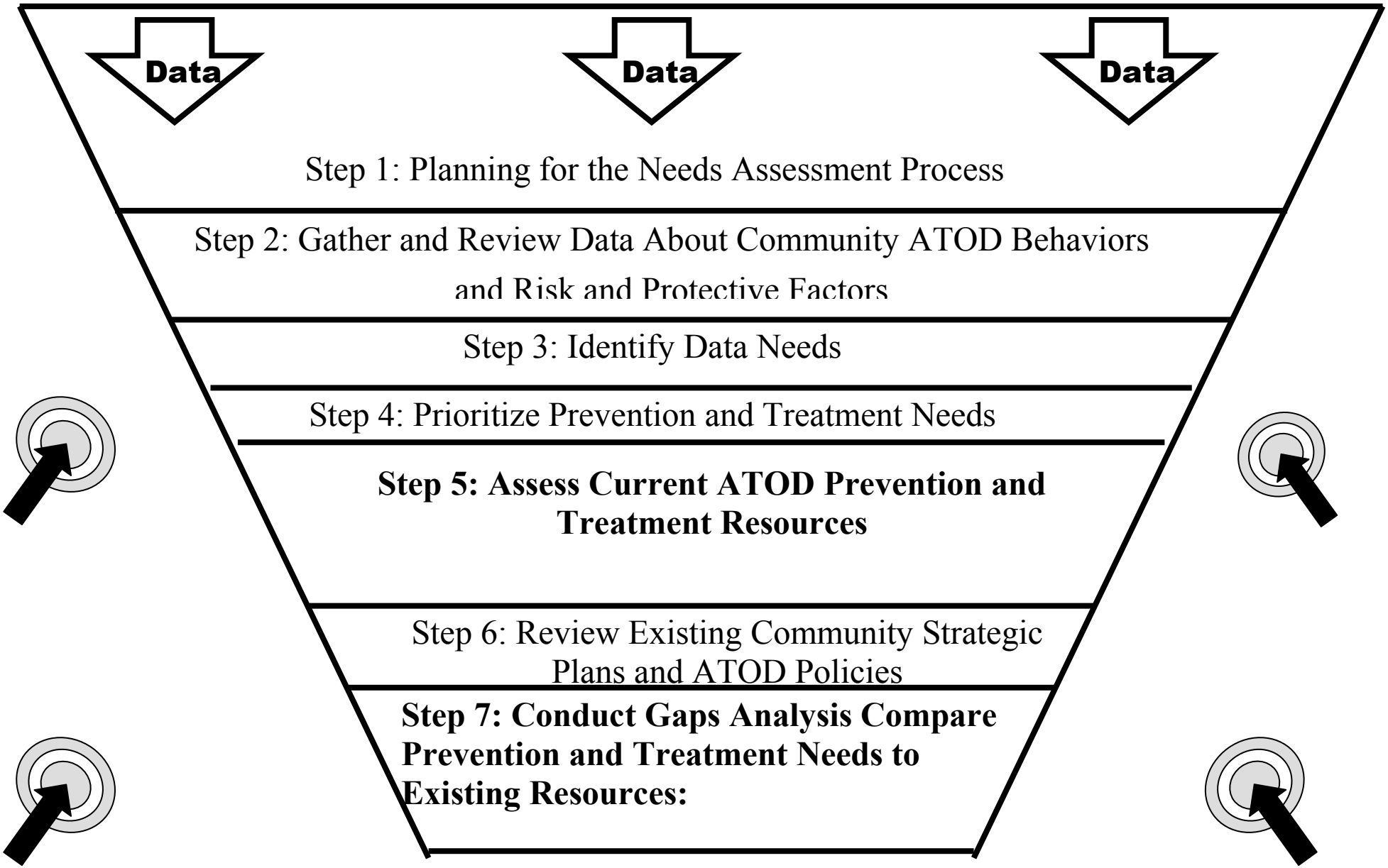
We the Needs Assessment Committee of the KY ASAP Local Design Team have established the following goals and objectives for our local needs assessment process:

NEEDS ASSESSMENT OBJECTIVES	ACTION STEPS
1. Collect data indicating the ATOD issues of the counties in the Local Board's service area and comparison state data; insert data into Needs Assessment template.	1A.
	1B.
	1C.
2. Identify priority ATOD issue(s) and associated risk and protective factors for the counties in the Local Board's service area.	2A.
	2B.
	2C.
3. Identify ATOD data needs for the counties in the Local Board's service area.	3A.
	3B.
	3C.
4. Identify prevention resources that address the priority ATOD issues and associated risk and protective factors in the counties in the Local Board's service area.	4A.
	4B.
	4C.
5. Identify gaps in the ATOD prevention services in the Local Board's service area.	5A.
	5B.
	5C.

Signed the members of the Needs Assessment Committee of the Local Design Team:

_____ _____ _____

_____ _____ _____



Updated: October 16, 2007

TABLE 1B Board Development and Needs and Resource Assessment Planning Timeline

		January			February				March					April			
Task	Person **Responsible**	1/13	**1/20**	**1/27**	**2/3**	**2/10**	**2/17**	**2/24**	**3/4**	**3/10**	**3/17**	**3/24-26**	**3/31**	4/7	4/14	4/21	4/28

Updated: October 16, 2007

STEP 2: GATHER AND REVIEW DATA ABOUT COMMUNITY NEEDS

Certain conditions of individuals, families, schools, and communities have been identified by prevention research and targeted by the ***Kentucky Youth Substance Abuse Prevention Strategy*** as important potential contributors to youth substance use and abuse. Through a comprehensive prevention strategy that addresses multiple risk factors simultaneously using a variety of science-based strategies, these risk factors can be targeted and changed.

Contextual Risk Factors

Contextual characteristics tell us about the socioeconomic climate in which families and children live and grow and the stresses they face, but there is seldom little we can do through prevention efforts alone to change these characteristics. Contextual risk factors may influence the need for prevention or treatment services but are not likely influenced directly by prevention or treatment strategies.

TABLE 2A Contextual Risk Factors: Demographic and Poverty Characteristics

Using the most recent census data, list the total population for the state, the region you consider your prevention and treatment system a part of, and each member county to be served by your proposed Local ASAP Board. Then determine the percentage of the total, African American, and Hispanic populations under the age of 18. Use footnotes to indicate sources, year, and definitions (e.g. % of total population, rate per 1000, etc) for each data indicator in the table. If you do not have adequate information for a given data item, place an **X** in the box for that item indicating that data is needed.

	Population[1]				% African American[2]	% Hispanic[3]	Unemployment Rate [4]	% in Poverty[5]	% Under 18 in Poverty[6]
	Total	% of State-Kentucky	Under 18 years	% of State-Kentucky	Total	Total			
National									
Kentucky	4,206,074		23.5%		7.5%	2.0%	5.7%	16.3%	22.2%

[1] US Census Bureau, state & county quick facts http://quickfacts.census.gov/qfd/states/21 (2006 estimate)
[2] US Census Bureau, state & county quick facts http://quickfacts.census.gov/qfd/states/21 (2005)
[3] US Census Bureau, state & county quick facts (Hispanics or Latino of any race) http://quickfacts.census.gov/qfd/states/21 (2005)
[4] http://workforce.ky.gov/labor_info.htm 2006 annual non-adjusted unemployment rate
[5] www.census.gov/hhes/www/saipe/
[6] www.census.gov/hhes/www/saipe

TABLE 2B Contextual Risk Factors: Infant Mortality, Child Abuse, Domestic Violence, Divorce Rate

Higher infant mortality, child abuse, and domestic violence rates are also indicators of poverty, which are correlated with higher rates of substance abuse. Again neither substance abuse prevention nor treatment strategies target these conditions directly, but greater need for these services is suggested in areas where infant death and child abuse rates are high. Domestic violence has also identified by prevention research as correlated with adult substance abuse. While the divorce rate is not an indicator of poverty per se, higher divorce rates are correlated with higher rates of youth substance use. Use footnotes to indicate sources, year, and definitions (e.g. % of total population, rate per 1000, etc) for each data indicator in the table. If you do not have adequate information for a given data item, place an **X** in the box for that item indicating that data is needed.

	Infant Mortality Rate[7]	Child Abuse – Neglect Cases[8]		Child Abuse – Physical Cases[9]		Child Abuse – Sexual Cases[10]		Domestic violence incidents reported[11] (adult abuse/ spouse abuse)		Divorce rate[12]
		Reported /1000	% Substantiated	Reported /1000	% Substantiated	Reported /1000	% Substantiated	Adult	Spouse	
National										
Kentucky	**6.8**									

[7] http://www.kyyouth.org/KIDS_Count/online_Data Deaths under age 1 per 1000 live births.
[8] http://www.kyyouth.org/kidscount2001.htm Number of reported cases of neglect and percent of those substantiated in 2000.
[9] http://www.kyyouth.org/kidscount2001.htm Number of reported cases of physical abuse and percent of those substantiated in 2000.
[10] http://www.kyyouth.org/kidscount2001.htm Number of reported cases of sexual abuse and percent of those substantiated in 2000.
[11] Kentucky County Health Profiles-Health and Social Indicators 1999 The rate per 1000 is computed by dividing the number of incidents 18 and over and then multiplying by 1000 http://publichealth.state.ky.us/hd-ky_county_health_profiles.htm
[12] 1999 Kentucky Annual Vital Statistics Report Table 3-B, crude rate per 1000, 1999 total population

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TABLE 2C Individual Domain ATOD Risk and Protective Factors for Youth 12 to 17: Perceived Risk of Use and Perceived Risk of Getting Caught

Young people who do not perceive drug use to be risky are far more likely to engage in drug use. In addition, community norms, which can be communicated through informal social practices such as not prioritizing the enforcement of underage usage laws, increase the likelihood of drug use. Use footnotes to indicate sources, year, and definitions (e.g. % of total population, rate per 1000, etc) for each data indicator in the table. If you do not have adequate information for a given data item, place an **X** in the box for that item indicating that data is needed.

	Perceived risk of drug use[13] *0= No risk; 1= Slight risk; 2= Mod. Risk; 3= Great risk*	**Perceived risk of getting caught by police for substance use or carrying a handgun**[14] *0= NO!; 1= no; 2= yes; 3= YES!*
State-Kentucky	2.06	1.22

[13] KIP 2006 Statewide Risk and Protective Factor Scale Results from the KIP student survey administered to 6th, 8th,10th and 12 grade students. Risk and Protective Factor outcomes are intermediate outcomes within the KIP project conceptual framework.

[14] KIP 2006 Risk and Protective Factor Scale Results from the KIP student survey administered to 6th, 8th,10th and 12 grade students. Risk and Protective Factor outcomes are intermediate outcomes within the KIP project conceptual framework.

TABLE 2D Peer Domain ATOD Risk and Protective Factors for Youth 12 to 17: Unfavorable Attitudes and Friends Who Use Alcohol, Tobacco, and Other Drugs

Initiation of use of any substance is preceded by values favorable to its use. Youth who express positive attitudes toward drug use are at higher risk for subsequent drug use. Additionally, young people who associate with peers who engage in alcohol or substance abuse are much more likely to engage in the same behavior. Peer drug use has consistently been found to be among the strongest predictors of substance use among youth. Use footnotes to indicate sources, year, and definitions (e.g. % of total population, rate per 1000, etc) for each data indicator in the table. If you do not have adequate information for a given data item, place an **X** in the box for that item indicating that data is needed.

	Unfavorable youth attitudes toward drug use[15] *0= not wrong at all' 1=a little bit wrong; 2= wrong; 3- very wrong*	**Friends who engage in ATOD use**[16] *0= no friends use; 1= 1 friend uses; 2= 2 friends use; 3= 3 friends use, 4=4 friends use*
State-Kentucky	2.32	.95

[15] Fall 2002 Risk and Protective Factor Scale Results from the KIP student survey administered to 6th, 8th,10th and 12 grade students. Risk and Protective Factor outcomes are intermediate outcomes within the KIP project conceptual framework.

[16] Fall 2002 Risk and Protective Factor Scale Results from the KIP student survey administered to 6th, 8th,10th and 12 grade students. Risk and Protective Factor outcomes are intermediate outcomes within the KIP project conceptual framework.

TABLE 2E Family Domain ATOD Risk and Protective Factors for Youth 12 to 17: Family Conflict, Attachment to Mother and Father, Favorable Parental Attitudes Toward Drug Use

Children who are raised in families where there is high conflict, whether or not the child is directly involved in the conflict, appear at risk for drug use and other problem behaviors. Conflict between family members appears to be more important than even family structure. However, young people who indicate attachment to their mother and/or father and feel valued as a part of the family are less likely to engage in substance use and other problem behaviors. Parental approval of young people's moderate drinking, even under parental supervision, increases the risk of the young person's using marijuana. In families where parents involve children in their own substance using behaviors – such as asking the child to light the parent's cigarette or get the parent a beer from the refrigerator – increases the likelihood that their children will become drug abusers in adolescence. Use footnotes to indicate sources, year, and definitions (e.g. % of total population, rate per 1000, etc) for each data indicator in the table. If you do not have adequate information for a given data item, place an **X** in the box for that item indicating that data is needed.

	Family Conflict[17] *0= NO! to conflict; 1=no; 2= yes; 3=YES! To conflict*	**Attachment to parents**[18] *Close to parents: 0= NO!; 1= no; 2= yes; 3=YES!*	**Unfavorable parental attitudes toward drug use**[19] *0= not wrong at all' 1=a little bit wrong; 2= wrong; 3=very wrong*
State-Kentucky	1.04	1.88	2.67

[17] Fall 2002 Risk and Protective Factor Scale Results from the KIP student survey administered to 6th, 8th,10th and 12 grade students. Risk and Protective Factor outcomes are intermediate outcomes within the KIP project conceptual framework.
[18] Fall 2002 Risk and Protective Factor Scale Results from the KIP student survey administered to 6th, 8th,10th and 12 grade students. Risk and Protective Factor outcomes are intermediate outcomes within the KIP project conceptual framework.
[19] Fall 2002 Risk and Protective Factor Scale Results from the KIP student survey administered to 6th, 8th,10th and 12 grade students. Risk and Protective Factor outcomes are intermediate outcomes within the KIP project conceptual framework.

TABLE 2F School Domain ATOD Risk and Protective Factors for Youth 12 to 17: Attendance, Retention, School Performance and Commitment, School ATOD Policies Needed

Surveys of high school seniors have shown that the use of hallucinogens, cocaine, heroin, stimulants, and sedatives is significantly lower among students who expect to go to college than among those who do not. Factors such as liking school, spending time on homework, and perceiving the coursework as relevant are also negatively related to drug use.
Use footnotes to indicate sources, year, and definitions (e.g. % of total population, rate per 1000, etc) for each data indicator in the table. If you do not have adequate information for a given data item, place an **X** in the box for that item indicating that data is needed.

	School Attendance Rate[20]		Average students retained by grade level[21]		School Performance (grades)[22] *0=Mostly F's; 1=Mostly Ds; 2=Mostly Cs; 3=Mostly Bs; 4=Mostly As*	School Commitment[22] *0=Never; 1=Seldom; 2=Sometimes; 3=Often; 4=Almost Always*
	Middle School	High School	Middle School	High School		
State-Kentucky	94.1%	94.2%	3.7%	3.2%	2.97	2.50

[20] School report cards http://www.kde.state.ky.us/oaa/implement/school_report_card/info/ (state and district numbers are reported as the same for middle and high school.)
[21] School report cards http://www.kde.state.ky.us/oaa/implement/school_report_card/info/ (state and district numbers are reported as the same for middle and high school.)
[22] Fall 2002 Risk and Protective Factor Scale Results from the KIP student survey administered to 6th, 8th,10th and 12 grade students. Risk and Protective Factor outcomes are intermediate outcomes within the KIP project conceptual framework.

Middle School

	Drug Abuse[23]			Violence[24]		
	Number of reported Incidents	**Number of students expelled**	**Number of students in alternative placement**	**Number of reported incidents (annual)**	**Number of students expelled**	**Number of students in alternative placement**
District						

[23] School report cards http://www.kde.state.ky.us/oaa/implement/school_report_card/info/ (state and district numbers are reported as the same for middle and high school.)

[24] School report cards http://www.kde.state.ky.us/oaa/implement/school_report_card/info/ (state and district numbers are reported as the same for middle and high school.)

High School

	Drug Abuse[25]			Violence[26]		
	Number of reported incidents	**Number of students expelled**	**Number of students in alternative placement**	**Number of reported incidents (annual)**	**Number of students expelled**	**Number of students in alternative placement**
District						

[25] School report cards http://www.kde.state.ky.us/oaa/implement/school_report_card/info/ (state and district numbers are reported as the same for middle and high school.)

[26] School report cards http://www.kde.state.ky.us/oaa/implement/school_report_card/info/ (state and district numbers are reported as the same for middle and high school.)

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TABLE 2H Community Domain ATOD Risk and Protective Factors for Youth 12 to 17: Adult Attitudes, Local Tobacco Sales/Use Policies, Perceived Availability of Cigarettes, Synar Non-compliance Rate, Local Tobacco Sales Compliance

Perceived availability of drugs is also associated with risk for drug use. The more available alcohol, tobacco, and other drugs are in a community, the higher the risk that young people will use and eventually abuse these drugs. Even when children just think that drugs are more available, a higher rate of drug use occurs. Sales compliance rates indicate the extent to which youth are able to obtain tobacco and alcohol illegally from local merchants. Use footnotes to indicate sources, year, and definitions (e.g. % of total population, rate per 1000, number etc) for each data indicator in the table. If you do not have adequate information for a given data item, place an **X** in the box for that item indicating that data is needed.

	Perceived availability of cigarettes by youth (very easy)[27]	**Local Institutional Tobacco Sales/Use Policies**	**Synar non-compliance rate (State-Region)[28]**	**Local tobacco sales compliance rates**
			9.7	
State-Kentucky	6th – 18% 8th – 40% 10th – 65% 12th – 84%			

[27] Addendum to 2002 KIP student survey report, results on survey items, shown is the percent of those that perceive cigarettes to be "very easy" to obtain. Sample size for _____County is _____ students from the 6th, 8th, 10th and 12th grades.

[28] Figures based on the Department of Alcoholic Beverage Control compliance checks for the 2002 Synar report, in "2003 Division Of Substance Abuse Block Grant Application Attachment G."

TABLE 2H Community Domain ATOD Risk and Protective Factors for Youth 12 to 17: Adult Attitudes, Local Alcohol Sales/Use Policies, Perceived Alcohol Availability, Alcohol License Density

Perceived availability of drugs is also associated with risk for drug use. The more available alcohol, tobacco, and other drugs are in a community, the higher the risk that young people will use and eventually abuse these drugs. Even when children just think that drugs are more available, a higher rate of drug use occurs. Sales compliance rates indicate the extent to which youth are able to obtain tobacco and alcohol illegally from local merchants. Use footnotes to indicate sources, year, and definitions (e.g. % of total population, rate per 1000, number etc) for each data indicator in the table. If you do not have adequate information for a given data item, place an **X** in the box for that item indicating that data is needed.

	Unfavorable adult attitudes toward drug use[29] *0= not wrong at all; 1=a little bit wrong ; 2= wrong; 3=very wrong*	**Perceived availability of alcohol by youth (very easy)**[30]	**Local Alcohol Sales/Use Policies**	**Number of liquor licenses by alcohol category**
State-Kentucky	2.42	6th – 10% 8th – 25% 10th – 47% 12th – 62%		

[29] Fall 2002 Risk and Protective Factor Scale Results from the KIP student survey administered to 6th, 8th,10th and 12 grade students. Risk and Protective Factor outcomes are intermediate outcomes within the KIP project conceptual framework.

[30] Addendum to 2002 KIP student survey report, results on survey items, shown is the percent of those that perceive alcohol to be "very easy" to obtain. Sample size for _____ County is _____students from the 6th, 8th, 10th and 12th grades.

Youth ATOD Behaviors
TABLE 2I Youth ATOD Behavior: Baseline Indicators

If your prevention system area has available youth survey data, identify baseline prevalence rates for youth tobacco, alcohol, and other drug use. If data is available, but not recent, you may wish to identify establishing a regular survey implementation schedule as a need in order to assess progress toward your established goals. If you do not have adequate data to indicate the extent of a given indicator, place an **X** in the box to indicate that data is needed. If your area does not have data, you may want to establish the collection of baseline prevalence rates as a priority need. Be sure to indicate in a footnote the name of the survey, the question wording used, and whether the data is representative of the county.

ATOD Baseline Indicators: Youth 12-17 Reporting Tobacco Use

	Self-Reported Age of First Use of Tobacco[31]	Self-Reported Lifetime Cigarette Use 12-17[32]		Self-reported Past Year Cigarette Use[33] 12-17		Past Month Cigarette Use 12-17[34]	
		Year	%	Year	%	Year	%
State-Kentucky	**11.6**	**2002**	**47.7%**	**2002**	**32.3%**	**2002**	**21.8%**

[31] Addendum to 2002 KIP student survey report, results on survey items measuring age of onset of selected behaviors.
[32] Fall 2002 KIP student survey results regarding lifetime use (at least once in their lifetime) of a particular substance as reported by 6th, 8th, 10th and 12th graders.
[33] Fall 2002 KIP student survey results regarding past year use (at least once in the past year) of a particular substance as reported by 6th, 8th, 10th and 12th graders.
[34] Fall 2002 KIP student survey results regarding past month use (at least once in the past month) of a particular substance as reported by 6th, 8th, 10th and 12th graders.

ATOD Baseline Indicators: Youth 12-17 Reporting Alcohol Use

	Self-Reported Age of First Use of Alcohol[35]	Self-Reported Lifetime Alcohol Use 12-17[36]		Self-reported Past Year Alcohol Use 12-17[37]		Past Month Alcohol Use 12-17[38]	
		Year	%	Year	%	Year	%
State-Kentucky	**12.6**	**2002**	**52.7%**	**2002**	**39.3%**	**2002**	**23.7%**

[35] Addendum to 2002 KIP student survey report, results on survey items measuring age of onset of selected behaviors.
[36] Fall 2002 KIP student survey results regarding lifetime use (at least once in their lifetime) of a particular substance as reported by 6th, 8th, 10th and 12th graders.
[37] Fall 2002 KIP student survey results regarding past year use (at least once in the past year) of a particular substance as reported by 6th, 8th, 10th and 12th graders.
[38] Fall 2002 KIP student survey results regarding past month use (at least once in the past month) of a particular substance as reported by 6th, 8th, 10th and 12th graders.

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ATOD Baseline Indicators: Youth 12-17 Reporting Marijuana Use

	Self-Reported Age of First Use of Marijuana[33]	Self-Reported Lifetime Marijuana Use 12-17[39]		Self-reported Past Year Marijuana Use[40] 12-17		Past Month Marijuana Use 12-17[41]	
		Year	%	Year	%	Year	%
State-Kentucky	**13.2**	**2002**	**25.8%**	**2002**	**19.9%**	**2002**	**13 %**

[39] Fall 2002 KIP student survey results regarding lifetime use (at least once in their lifetime) of a particular substance as reported by 6th, 8th, 10th and 12th graders.
[40] Fall 2002 KIP student survey results regarding past year use (at least once in the past year) of a particular substance as reported by 6th, 8th, 10th and 12th graders.
[41] Fall 2002 KIP student survey results regarding past month use (at least once in the past month) of a particular substance as reported by 6th, 8th, 10th and 12th graders.

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ATOD Baseline Indicators: Youth 12-17 Reporting Cocaine Use

	Self-Reported Lifetime Cocaine Use 12-17[42]		Self-reported Past Year Cocaine Use 12-17[43]		Past Month Cocaine Use 12-17[44]	
	Year	%	Year	%	Year	%
State-Kentucky	**2002**	**6.1 %**	**2002**	**4.6%**	**2002**	**3%**

[42] Fall 2002 KIP student survey results regarding lifetime use (at least once in their lifetime) of a particular substance as reported by 6th, 8th, 10th and 12th graders.
[43] Fall 2002 KIP student survey results regarding past year use (at least once in the past year) of a particular substance as reported by 6th, 8th, 10th and 12th graders.
[44] Fall 2002 KIP student survey results regarding past month use (at least once in the past month) of a particular substance as reported by 6th, 8th, 10th and 12th graders.

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Adolescent Problem Behaviors Co-occurring with ATOD Use

Research tells us there is a relationship between adolescent drug use, delinquency, violence and school dropout. Young people who are involved in one of these behaviors is more likely to become involved in one or more of the other problem behaviors.

TABLE 2J Adolescent Problem Behaviors Co-occurring with ATOD Use: School Dropout Rate

Beginning in the late elementary grades, academic failure increases the risk of drug abuse. However, children fail for many different reasons. It appears that the *experience of failure* – not necessarily ability – increases the risk of problem behaviors. Use footnotes to indicate sources, year, and definitions (e.g. % of total population, rate per 1000, etc) for each data indicator in the table. If you do not have adequate information for a given data item, place an **X** in the box for that item indicating that data is needed.

	School Dropout Rate[45]	
	Middle School	High School
State-Kentucky	3.4%	3.4%

[45] School report cards http://www.kde.state.ky.us/oaa/implement/school_report_card/info/ (state and district numbers are reported as the same for middle and high school.)

TABLE 2K Adolescent Problem Behaviors Co-occurring with ATOD Use: Onset of Antisocial/Delinquent Behavior[46]

The earlier young people begin exhibiting problem behaviors, the greater the likelihood that they will have problems with these behaviors later on. For example, research shows that young people who initiate drug use before the age of fifteen are at twice the risk of having drug problems as those who wait until after the age of nineteen. Use footnotes to indicate sources, year, and definitions (e.g. % of total population, rate per 1000, etc) for each data indicator in the table. If you do not have adequate information for a given data item, place an X in the box for that item indicating that data is needed.

	Average age first suspended from school	Average age first arrested	Average age first carried a handgun	Average age first attacked someone with the idea of seriously hurting them
National				
State-Kentucky	12.2	13.1	12.1	12.3

[46] Addendum to 2002 KIP student survey report, results on survey items measuring age of onset of selected behaviors.

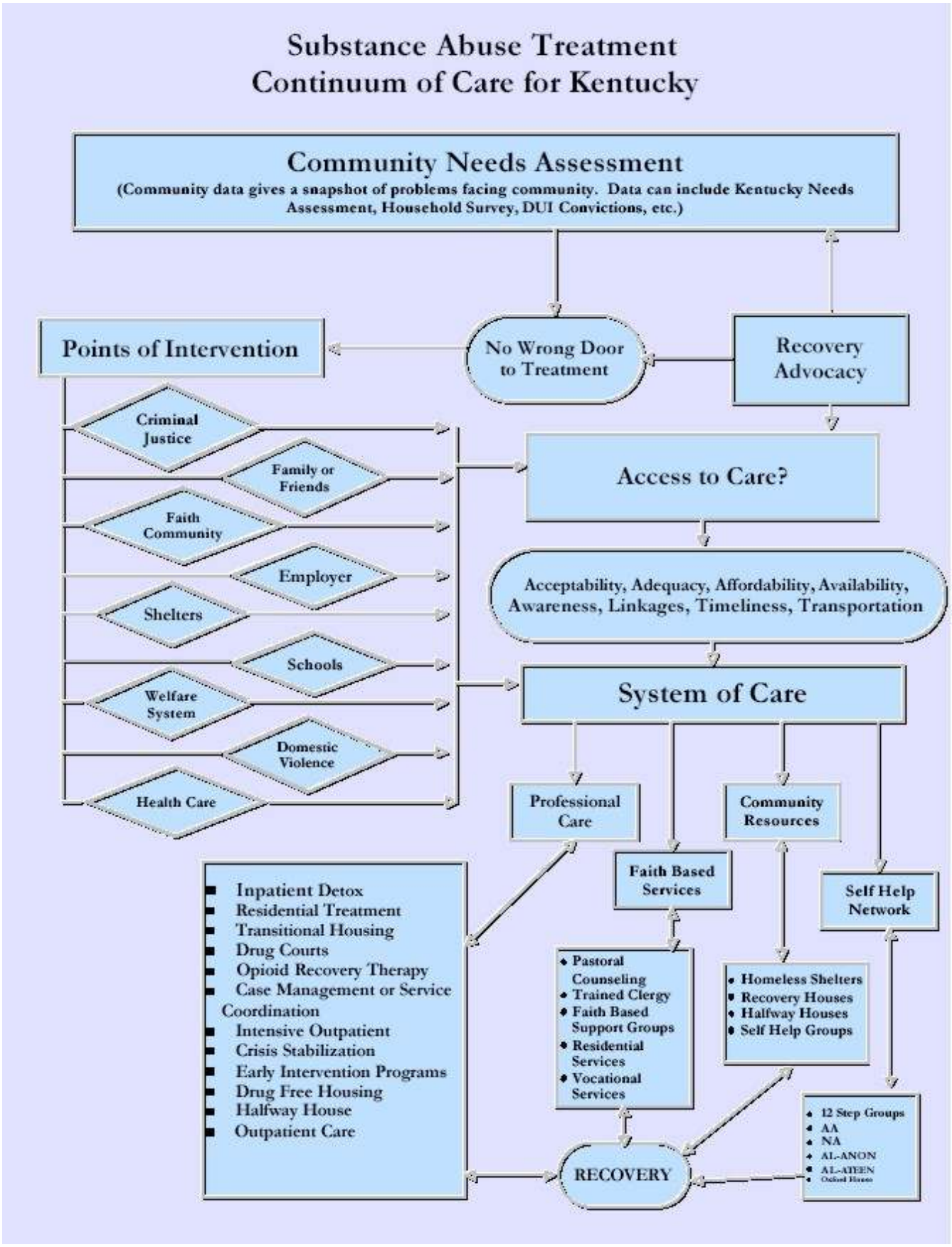
TABLE 2L Adolescent Problem Behaviors Co-occurring with ATOD Use: Frequency of Antisocial/delinquent Behavior[47]

Young people who do not feel a part of society, are not bound by rules, do not believe in trying to be successful or responsible are at higher risk of abusing drugs. In addition seeking out opportunities for dangerous, risky behavior puts young people at higher risk for drug use. Use footnotes to indicate sources, year, and definitions (e.g. % of total population, rate per 1000, etc) for each data indicator in the table. If you do not have adequate information for a given data item, place an **X** in the box for that item indicating that data is needed.

	Average Frequency of attacking someone		**Average Frequency of selling drugs**		**Average Frequency of motor vehicle theft**		**Average Frequency of school suspension**		**Average Frequency of being arrested**		**Average Frequency of carrying a handgun**		**Average Frequency of taking a handgun to school**	
	1 or 2 times	3 or more times	1 or 2 times	3 or more times	1 or 2 times	3 or more times	1 or 2 times	3 or more times	1 or 2 times	3 or more times	1 or 2 times	3 or more times	1 or 2 times	3 or more times
State-Kentucky	8.1%	4.9%	2.6%	5%	2.1%	1.9%	7.2%	2.9%	3.6%	1.7%	3.2%	4.3%	0.4	1%

[47] Fall 2002 KIP student survey results regarding frequency of a particular behavior as reported by 6th, 8th, 10th, and 12th graders.

Substance Abuse Treatment
Continuum of Care for Kentucky



Indicators of Need for ATOD Treatment

TABLE 2M Indicators of Need for ATOD Treatment: Adolescents Under Age 18 Needing Treatment for AOD Abuse[48]

Rate Per 1000 of population

	Alcohol	Cocaine/Crack	Marijuana	Oxycodone
State				
Region				
County				

Number of Adolescents Under Age 18 Treated for AOD Abuse

Rate per 1000 of population

	Alcohol	Cocaine/Crack	Marijuana	Oxycodone
State	440	20	689	14
Region				
County				

48

[49]Report generated by the Division of Substance Abuse from the 2001 Community Mental Health Center File. Rates were computed based on 2001 population estimates. Out of state clients treated in Kentucky were not included. These figures do not include private treatment providers.

TABLE 2N Indicators of Need for ATOD Treatment: Adults 18 and Over Needing Treatment for AOD Abuse[49]

Rate Per 1000 of population

	Alcohol	Cocaine/Crack	Marijuana	Oxycodone
State				
Region				
County				

Number of Adults 18 and Over Treated for AOD Abuse

Rate Per 1000 of population

	Alcohol	Cocaine/Crack	Marijuana	Oxycodone
State	12,208	1,682	2,298	346
Region				
County				

[49]Report generated by the Division of Substance Abuse from the 2001 Community Mental Health Center File. Rates were computed based on 2001 population estimates. Out of state clients treated in Kentucky were not included. These figures do not include private treatment providers.

Adult ATOD Behaviors

TABLE 2O Adult ATOD Behaviors: Smokeless Tobacco, Cigarette, Alcohol, Marijuana, and Cocaine Use

Lifetime, Annual and 30-day use of smokeless tobacco, cigarettes, alcohol, marijuana, and cocaine by adults is an indicator of frequent use and potential abuse of these drugs. Most adult users began use as adolescents. In addition binge drinking is an indication of alcohol abuse. Smoking and drinking by pregnant women is also a risk to the health of newborns.

ATOD Baseline Indicators: Adult Smokeless Tobacco Use[50]

	Self-Reported Lifetime Smokeless Tobacco Use		Self-Reported Past Year Smokeless Tobacco Use		Self-Reported Past Month Smokeless Tobacco Use	
	Year	%	Year	%	Year	%
State-Kentucky	**1999**	**18.1%**		**6.7%**		**5.2%**

[50]Kentucky Needs Assessment Project survey results 1999 household survey of adults ages 18 and over conducted by the University of Kentucky Center on alcohol and Drug Research (CDAR) 2000 population estimates used. The sample size for the survey was 6424. The sample design was a stratified sample of Kentucky's fourteen MHMR regions. The survey randomly sampled approximately 460 adults from each region. http://www.uky.edu/RGS/CDAR/KNAP/download_CLE.html

ATOD Baseline Indicators: Adult Cigarette Use

	Self-Reported Lifetime Cigarette Use[51]		Self-Reported Past Year Cigarette Use[52]		Self-Reported Past Month Cigarette Use[53]		Pregnant Women Smoking (Adult)[54]		Pregnant Women Smoking (Adolescent)[55]	
	Year	%	Year	%	Year	%	Number	%	Number	%
State-Kentucky	**2000**	**77.3%**		**32.4%**		**30.0%**	**12370 of 53465**	**23.0%**	**753 of 2513**	**30%**

[51-53]Kentucky Needs Assessment Project survey results 1999 household survey of adults ages 18 and over conducted by the University of Kentucky Center on alcohol and Drug Research (CDAR) 2000 population estimates used. The sample size for the survey was 6424. The sample design was a stratified sample of Kentucky's fourteen MHMR regions. The survey randomly sampled approximately 460 adults from each region. http://www.uky.edu/RGS/CDAR/KNAP/download_CLE.html

[54]Percent of women 18 and above who smoke during pregnancy in Kentucky. Birth certificate file, cabinet of health services, 2000.

[55]Percent of adolescents under 18 who smoke during pregnancy in Kentucky. Birth certificate file, cabinet of health services,2000.

ATOD Baseline Indicators: Adult Alcohol Use

	Self-Reported Lifetime Alcohol Use [56]		Self-Reported Past Year Alcohol Use[57]		Self-Reported Past Month Alcohol Use[58]		Self-Reported Past-Month Binge Drinking[59]		Pregnant Women Drinking (Adult)[60]		Pregnant Women Drinking (Adolescent) [61]	
	Year	%	Year	%	Year	%	1 Time	3 or more times	Number	%	Number	%
State-Kentucky	**1999**	**88.7%**		**56.8%**		**37.2%**	**8.2%**		**610/ 53465**	**<1%**	**20/ 2513**	**<1%**

[56-58]Kentucky Needs Assessment Project survey results 1999 household survey of adults ages 18 and over conducted by the University of Kentucky Center on alcohol and Drug Research (CDAR) 2000 population estimates used. The sample size for the survey was 6424. The sample design was a stratified sample of Kentucky's fourteen MHMR regions. The survey randomly sampled approximately 460 adults from each region. http://www.uky.edu/RGS/CDAR/KNAP/download_CLE.html

[59]BRFSS prevalence data 1999, number is percent of those polled that reported having 5 or more drinks per occasion during the past month. http://www.cdc.gov/nccdphp/brfss

[60]Percent of women 18 and above who drank alcohol during pregnancy in Kentucky. Birth certificate file, cabinet of health services, 2000.

[61]Percent of adolescents under 18 who drank alcohol during pregnancy in Kentucky. Birth certificate file, cabinet of health services, 2000

Baseline Indicators: Adult Marijuana Use[62]

	Self-Reported Lifetime Marijuana Use		Self-Reported Past Year Marijuana Use		Self-Reported Past Month Marijuana Use	
	Year	%	Year	%	Year	%
State-Kentucky	**1999**	**32.7%**	**1999**	**5.9%**	**1999**	**3.3%**

[62]Kentucky Needs Assessment Project survey results 1999 household survey of adults ages 18 and over conducted by the University of Kentucky Center on alcohol and Drug Research (CDAR) 2000 population estimates used. The sample size for the survey was 6424. The sample design was a stratified sample of Kentucky's fourteen MHMR regions. The survey randomly sampled approximately 460 adults from each region. http://www.uky.edu/RGS/CDAR/KNAP/download_CLE.html

Baseline Indicators: Adult Cocaine Use[63]

	Self-Reported Lifetime Cocaine Use		Self-Reported Past Year Cocaine Use		Self-Reported Past Month Cocaine Use	
	Year	%	Year	%	Year	%
State-Kentucky	**1999**	**7.1%**	**1999**	**.6%**	**1999**	**.2%**

[63]Kentucky Needs Assessment Project survey results 1999 household survey of adults ages 18 and over conducted by the University of Kentucky Center on alcohol and Drug Research (CDAR) 2000 population estimates used. The sample size for the survey was 6424. The sample design was a stratified sample of Kentucky's fourteen MHMR regions. The survey randomly sampled approximately 460 adults from each region. http://www.uky.edu/RGS/CDAR/KNAP/download_CLE.html

ATOD Use Consequences

TABLE 2P ATOD Use Consequences: DUI Related Crashes

	Percentage of Total Car Crashed (Fatal and Non-Fatal) Involving Drunk Drivers[63]	Juvenile DUI Arrests (Age 15-17)[64]	Adult DUI arrests[65]	Percentage of Arrests Resulting in DUI Convictions[66]
State-Kentucky	**4.5%**	**5.1/1000**	**14.4/1000**	**73.8% (of all state DUI's)**

[63]Kentucky County Health Profiles-Health and Social Indicators http://publichealth.state.ky.us/hd-ky_county_health_profiles.htm number of car crashes involving drunk drivers divided by the total number of car crashes 2001.
[64]Crime in Kentucky Annual Report, DUI arrest by age, sex and race (data provided by Administrative Office of the Courts) http://www.state.ky.us/agencies/ksp/crime.htm The juvenile population was first computed by using the 2000 US Census numbers. The 0-14 population rate was subtracted from the 17 and under population rate. The total juvenile arrests for the county or region were then divided by the aforementioned juvenile rate. That total should then be multiplied by 1000 to get your rate per 1000
[65]Crime in Kentucky Annual Report, DUI arrest by age, sex and race (data provided by Administrative Office of the Courts) http://www.state.ky.us/agencies/ksp/crime.htm
[66]Crime in Kentucky Annual Report, DUI arrest by age, sex and race (data provided by Administrative Office of the Courts) http://www.state.ky.us/agencies/ksp/crime.htm Percent is of juvenile and adult arrest combined.

TABLE 2Q ATOD Use Consequences: Arrests, Convictions

	Marijuana[67]		Narcotics[68]		Cocaine[69]	
	# of Arrests	# of Convictions	# of Arrests	# of Convictions	# of Arrests	# of Convictions
State-Kentucky	**11,131** **2.7/1000**		**1,418** **.34/1000**		**6,962** **1.7/1000**	

[67]2000 Crime in Kentucky Annual Report, Drug arrest regarding Marijuana (data provided by Administrative Office of the Courts) http://www.state.ky.us/agencies/ksp/crime.htm

[68]2000 Crime in Kentucky Annual Report, drug arrest regarding synthetic narcotics which can cause drug addiction (data provided by Administrative Office of the Courts) http://www.state.ky.us/agencies/ksp/crime.htm

[69]2000 Crime in Kentucky Annual Report, drug arrest regarding opium or cocaine and their derivatives (data provided by Administrative Office of the Courts) http://www.state.ky.us/agencies/ksp/crime.htm

TABLE 2R ATOD Use Consequences: ATOD Related Deaths

	Lung cancer deaths[70]		Cirrhosis of liver deaths[71]		Drug related deaths[72]	
	Number	Rate Per 1000	Number	Rate Per 1000	Number	Rate Per 1000
State-Kentucky	**3,036**	**.81 /1000**	**349**	**.086/1000**	**253**	**.063/1000**

[70]1999 Kentucky County Health Profiles-Leading and Selected Causes of Resident Deaths, adjusted to the US 2000 population http://publichealth.state.ky.us/hd-ky_county_health_profiles.htm
[71]1999 Kentucky County Health Profiles-Leading and Selected Causes of Resident Deaths, adjusted to the US 2000 population http://publichealth.state.ky.us/hd-ky_county_health_profiles.htm
[72]1999 Kentucky County Health Profiles-Leading and Selected Causes of Resident Deaths, adjusted to the US 2000 population http://publichealth.state.ky.us/hd-ky_county_health_profiles.htm

STEP 3: Identify Data Needs

If available data is inadequate to determine ATOD problem behaviors, is data collection a priority need for all or part of your prevention system area? □ YES □ NO

If YES, list the data items needed for each county—these are the items you marked with an **X** in Tables 2A-R

TABLE 3A Data Items Needed

County	Data Indicator Needed	Target Population (youth, adult, etc.)

STEP 4: Prioritize Prevention and Treatment Needs

Reviewing the ATOD behavior and consequence data for youth (STEP 3) select the ATOD behavior that appears to be commonly problematic across your region(s). Consider the risk and protective factors identified in STEP2, which data indicate risk factors or inadequate protective factors that may be contributing to this problem ATOD behavior?

Table 4A Identify Problem ATOD Youth Behaviors By County

County	Youth ATOD Behavior(s) Exceeding State Norms or Unreasonably High

Table 4B Identify Problem ATOD Consequences by County

County	Co-occurring Youth Behaviors Exceeding State and or Regional Norms or Unreasonably High	ATOD Consequences Exceeding State or Regional Norms or Unreasonably High

Table 4C Priority Youth ATOD Behaviors and Risk/Protective Factors

		Risk and Protective Factors				
County	Youth ATOD Behavior/ Co-occurring Behavior	Target Population (s)	Individual & Peer Domains	Family Domain	School Domain	Community Domain

Table 4D Priority Treatment Needs by County

Region/County	Population (Adult/Adolescent)	ATOD Behavior Requiring Treatment (Past Month Use)

STEP 5: CONDUCT A LOCAL PREVENTION AND TREATMENT RESOURCE SCAN AND ASSESSMENT

Identify prevention resources in your region(s). Duplicate this table as needed to list these ATOD prevention services, programs, projects, etc. available in the counties in the region(s) you propose to serve. This list will serve as an index for the resource inventory that follows.

Table 5A Local Prevention Resource Scan: Tobacco Prevention Service, Program, Activity List

County	Target Population	Service, Program Name , or Activity	Provider	Funding

Table 5B Local Prevention Resource Scan: Alcohol Prevention and Other Drug Service, Program, Activity List

County	Target Population	Service, Program Name, or Activity	Substance	Provider	Funds
			☐ **Alcohol** ☐ **Other Drugs**		
			☐ **Alcohol** ☐ **Other Drugs**		
			☐ **Alcohol** ☐ **Other Drugs**		
			☐ **Alcohol** ☐ **Other Drugs**		
			☐ **Alcohol** ☐ **Other Drugs**		
			☐ **Alcohol** ☐ **Other Drugs**		
			☐ **Alcohol** ☐ **Other Drugs**		
			☐ **Alcohol** ☐ **Other Drugs**		

			☐ Alcohol ☐ Other Drugs		
			☐ Alcohol ☐ Other Drugs		

Answer as many of the following questions as possible for each of the programs and services you listed in Table 5A through 5B above that address the priorities listed in Step 4 (duplicate table as needed).

Service/Program/Activity Name:	**Service/Program/Activity Focus (e.g. drug or risk/protective factor):**
What agency or group implements the service/program/activity?	
How many people does the program/service/activity currently reach?	
What is the duration of the program/service/activity?	
What prevention strategy(ies) does the program use?	□ Education □ Environmental □ Alternative activities (for high risk youth) □ Community Mobilization □ Assessment and referral □ Information/dissemination
What domains does the program/service/activity target?	□ Individual/Peer □ Family □ School □ Community
What are the goals of program/service/activity?	□ Change in risk/protective factors □ Change in drug use □ Individual change (increased knowledge, skills)
What methods does the program/service/activity use?	
Does the program collect implementation data?	□ Attendance □ Satisfaction □ Other _____
Is the program research based?	□ YES □ NO If yes, which agency(s) has endorsed the program? □ NIDA □ DOE □ OJJDP □ CDC □ Drug Strategies □ CSAP If not from this list, what is the research citation supporting this program?
Has the implementer evaluated the program's outcomes?	□ YES □ NO
IF yes, what outcome data is collected?	□ Individual change (increased knowledge, skills) □ Change in risk/protective factors □ Change in drug use
How much funding is this program/service/activity currently receiving?	$
What are the current funding source(s)?	
Is this short term or ongoing funding?	□ Short term Duration: □ Ongoing
Where (geographically) is the program/service/activity delivered?	
Could the program/service/activity be expanded to other geographic areas or populations?	□ YES □ NO □ Uncertain
What are their skills and expertise of the people delivering the program/service/activity?	
In what kinds of facilities are these programs being delivered?	
When was the last time this program/service/activity offered in the area?	

Table 5D Comprehensive Population-Based Prevention Strategy Assessment

Drug: **Target Population:**

			County				
	Strategy	**Resources**					
			✓	✓	✓	✓	✓
Population Based Strategies	Community Mobilization	1. 2. 3. 4. 5.					
	Environmental Strategies	1. 2. 3. 4. 5.					
	Information Dissemination	1. 2. 3. 4. 5. 6. 7. 8. 9. 10.					

Table 5E Comprehensive Prevention Targeted Strategy Assessment

Drug: **Target Population:**

			County				
Targeted Strategies	**Strategy**	**Resources**					
			✓	✓	✓	✓	✓
	Education	1. 2. 3. 4. 5. 6. 7. 8. 9. 10.					
	Alternative Activities for High Risk Youth	1. 2. 3. 4. 5.					

	Assessment and Referral	1. 2. 3. 4. 5. 6. 7. 8. 9. 10.					

Identify ATOD treatment resources in your region(s). Duplicate this table as needed to list these ATOD treatment services, programs, projects, etc. available in the counties you propose to serve. This list will serve as an index for the resource inventory that follows.

Table 5F Local ATOD Treatment Resource Scan: Tobacco Cessation Service, Program, or Activity List

County	Target Population	Service, Program Name, or Activity	Provider	Funds

Table 5G Local ATOD Treatment Resource Scan: Alcohol Service, Program, or Activity List

County	Target Population	Service, Program Name, or Activity	Provider	Funds

Table 5H Local ATOD Treatment Resource Scan: Other Drug Treatment Service, Program, or Activity List

County	Target Population	Service, Program, or Activity	Target Drug	Provider	Funds

Table 5I Local ATOD Treatment Resource Assessment

Answer as many of the following questions as possible for the programs and services you listed in Table 5F through 5H above that address the priorities listed in Step 4 (duplicate table as needed)

Service/Program/Activity Name:	**Assessment Criteria**
What agency or group implements the service/program/activity?	
Type of treatment resource (see community resources)	
How many people does the program/service/activity currently reach?	
What is the duration of the program/service/activity?	
What points of intervention does the service rely on?	
What are the program/service/activity goals?	
What System of Care does the service rely on?	□ Professional Care □ Self-Help Network □ Faith-based Services □ Access to Care
What methods does the program/service/activity use?	
Is the program based on best practices in treatment?	□ YES □ NO □ Uncertain
What outcomes (drug use, program outcomes, participation, satisfaction) does the program/service/activities measure?.	Check all that apply: □ Attendance □ Satisfaction □ Program Outcomes □ Drug Use
How much funding is this program/service/activity currently receiving?	$
What are the current funding source(s)?	
Is this short term or ongoing funding?	□ Short-term Duration: □ Ongoing
Where (geographically) is the program/service/activity delivered?	
Could the program/service/activity be expanded to other geographic areas or populations?	□ YES □ NO □ Uncertain
What are their skills and expertise of the people delivering the program/service/activity?	
In what kinds of facilities are these programs being delivered?	
When was this program/service/activity last offered in the area?	

SYSTEM OF CARE	**RESOURCES**	**ACCESS TO CARE** .	**YOUTH (X)**	ADULT **(X)**	**GENDER SERVED (M) (F)**	**AOD**	**TOBACCO CESSATION**
Professional Care							
Self-Help Network							
Faith-based services							
Community Based Services							

STEP 6 A REVIEW EXISTING COMMUNITY PLANS AND POLICIES

6A STRATEGIC PLANS

List each strategic plan crafted by an individual agency or group and those crafted by a group of agencies or groups. Indicate for each plan whether outcomes/goals are a priority for your local board based on your needs assessment.

Title of Strategic Plan	Agency(s) Authoring Strategic Plan	Outcomes/Goals	Check if this Goal is a Local Board Priority ✓	Target Population and Substance	Geographic reach of the plan

6B ATOD USE, ACCESS, AVAILABILITY LOCAL PUBLIC AND PRIVATE POLICIES

Authorizing Agency/Organization/Entitiy	Target Drug	Target Population	Year Enacted	Geographic Scope

STEP 7: COMPARE NEEDS TO EXISTING RESOURCES: PREVENTION AND TREATMENT GAPS ANALYSIS

TABLE 7A Identify Service Gaps by Target Population

List the target populations with priority prevention and treatment needs from STEP 4 Tables A and B. Identify from the resource assessment above, whether there are resources in each county in your prevention or treatment system directed toward these priority populations, if there are no services or programs indicate by placing an **X** in the column next to the None response. If there are services or programs but the resources supporting them are insufficient to adequately serve the needs of these population(s), indicate with an **X** and explain how resources are inadequate (copy table as needed). If focusing on multiple drugs, specify which drug and copy pages as needed.

County	Target Population	Target Drug	Behavior/ Risk/ Protective Factor		Services, Programs, Activities	Explain how resources are not adequate

County	Target Population	Target Drug	Behavior/ Risk/ Protective Factor		Services, Programs, Activities	Explain how resources are not adequate
					None **Resources don't meet needs** **Resources adequate to meet needs**	
					None **Resources don't meet needs** **Resources adequate to meet needs**	
					None **Resources don't meet needs** **Resources adequate to meet needs**	
					None **Resources don't meet needs** **Resources adequate to meet needs**	

County	Target Population	Target Drug	Behavior/ Risk/ Protective Factor		Services, Programs, Activities	Explain how resources are not adequate
					None **Resources don't meet needs** **Resources adequate to meet needs**	
					None **Resources don't meet needs** **Resources adequate to meet needs**	
					None **Resources don't meet needs** **Resources adequate to meet needs**	
					None **Resources don't meet needs** **Resources adequate to meet needs**	

County	Target Population	Target Drug	Behavior/ Risk/ Protective Factor		Services, Programs, Activities	Explain how resources are not adequate
					None **Resources don't meet needs** **Resources adequate to meet needs**	
					None **Resources don't meet needs** **Resources adequate to meet needs**	
					None **Resources don't meet needs** **Resources adequate to meet needs**	

TABLE 7B Gaps in Prevention and Treatment

In the following table, you will identify gaps in the coverage of risk and protective factors associated with the priority behavior(s) you identified in STEP 4. List the target populations and the risk and protective factors for each domain you prioritized in Table 4A and B. List the resource gaps you identified in STEP 5 for each Drug and related risk/protective factors. These may be gaps in domain coverage, strategy comprehensiveness, geographic area, target population, effectiveness, or treatment approaches, etc.

County	Drug Targeted	Risk& Protective Factor Targeted	Target Population	Gap

Table 8 Local ASAP Board Membership

Identify your Local ASAP Board members—both required and optional--the agency, organization, institution, or sector they represent, the

	Member Number	Agency Representing	Board Member or Designee *(indicate with D)* Name	County of Residence	Agreed to Serve (Y/N)	Address, Email, Phone, Fax
Required Members	**1**	County Judge				
	2	School Superintendent				
	3	FRYSC Coordinator				
	4	DCBS Service Region Administrator				
	5	Exec. Dir. CMHC				
	6	Director Public Health Dept.				
	7					
	8					
	9					
	10					
	11					
	12					
	13					
	14					
	15					

county they reside in, whether they have agreed to serve on the Local ASAP Board. Your Board must have commitments to serve from all 6 of

the required agencies and 50% + 1 of the total number of Board members established by the Design Committee. All members should reside in the county they are representing on the Board.

Section XIV

STRATEGIC PLAN INSTRUCTIONS

The goals and objectives laid out in the strategic plan should be linked to the Four Elements (from the Governor's Kentucky Youth Substance Abuse Prevention Strategy – KIP). To simplify this task, the planning guidelines below have been organized around the four elements. Addressing each of the issues mentioned will ensure that the goals, objectives and outcomes of your strategic plan adequately address all four of the Four Elements. As a reminder, the Four Elements are:

Element 1 – Design a system for planning, funding, and evaluating prevention and treatment efforts that coordinates the efforts of all state agencies and organizations involved in prevention in your community.

Element 2 – Utilize scientific findings about effective prevention and treatment programs and strategies.

Element 3 – Work from the comprehensive prevention framework and promote a comprehensive array of treatment services.

Element 4 – Encourage widespread involvement in prevention activities and widespread support for treatment services.

The Strategic Plan will consist minimally of a **narrative**, **goals**, **objectives**, **outcomes and a budget**. Much of the content will have already been developed in the Needs and Resource Assessment document.

I. Narrative

A. Part A may include the summary developed as a part of the Needs and Resource Assessment if it meets the recommendations outlined below. (This addresses many facets of Elements 2 and 3, in particular the prevention planning framework and the treatment continuum).

Generally, Part A should describe the ATOD priority prevention and treatment needs as identified on tables 7A and 7B of the needs and resource assessment workbook, as well as the process currently used by community agencies to select research based or best practices for ATOD prevention and treatment and smoking cessation strategies and programs for its entire population. In particular, the focus should be on data driven decision making and reducing duplication. The narrative should be relatively brief (up to 5 pages or so). The following questions/issues should be included in this section.

- Describe the process that will be used to assure that the Needs and Resource findings about ATOD prevention, AOD treatment and tobacco cessation programs and strategies will be utilized by individual agencies, organizations and institutions as each make resource and time allocations (Element 2).

- Describe what efforts will be used to assure that the community programming addresses the need revealed in the data gap. (Element 2).

- Describe the total programming offered in the community for ATOD prevention and treatment and smoking cessation, the agencies or organizations or institutions that offer these programs and primary populations addressed. This is not intended to totally restate the Needs and Resources Assessment but rather to present conclusions drawn from the assessment. Additional detail could be presented in an appendix. (Element 3).

- Describe the process that will be used to integrate the prevention planning framework and the treatment continuum in guiding the community to identify the gaps, if any, in the treatment and prevention services offered in the community. (Element 3)

- Outline the major issues or challenges to be addressed by the local board in the above areas (Element 2 and 3).

B. Part B of the narrative should focus on the remaining elements: Element 1 – coordinating planning, funding, and evaluation; Element 4 – how your community has obtained, or is planning to obtain widespread community involvement and support.

   Generally, the narrative Part B should describe to what extent ATOD prevention, ATOD treatment and smoking cessation planning, funding, and evaluation are currently coordinated, and to what degree the community is involved in these efforts. The narrative should be relatively brief (up to 3 pages or so). The narrative should address the following questions/issues.

   - How is planning for prevention and treatment currently coordinated among agencies and groups? What improvements are needed? (Element 1)

   - Describe the funding available in the community for prevention and treatment, major funding sources ($5,000 or over), major recipients of these funds (receives at least 10% of the total funding that comes into the community), the primary populations addressed and the dollars allocated to each. This is not intended to restate the Resources Assessment but rather to present conclusions

drawn. Additional detail could be presented in an appendix. Address how, if at all, these funds are currently braided
(Element 1).

- To what extent are programs and activities evaluated to determine local effectiveness? How are evaluation results shared? (Element 1).

- How will the KY-ASAP board integrate the other strategic plans that provide a focus on ATOD prevention, AOD treatment and/or tobacco cessation into the local board's comprehensive community strategic plan? (Element 4)

- What will be the plan to build community awareness, participation and involvement in prevention and support for treatment efforts by the KY-ASAP local board? (Element 4).

- Outline the major issues or challenges to be addressed by the local board in the area of coordinated planning funding and evaluation and encouraging widespread involvement in prevention activities and support for treatment services. (Element 1 and 4)

II. Problem Statements, Goals, Objectives and Outcomes

Research literature suggests that realistic timelines for initiatives intended to impact an entire community would require 1-2 years to achieve short-term objectives and 3-5 years to achieve long-term objectives. There is no requirement on the number of long term or short-term objectives per goal.

Note: Given the findings presented in the assessment, there may be a need for multiple problem statements, goals and objectives. Each problem statement should be presented as a complete sentence in the body of the plan. There should be at least one problem statement for alcohol, one for tobacco and one for at least one other drug. Problem statements should address youth and adult ATOD prevention and treatment. Goals should immediately follow the problem statements. Goals should be stated as complete sentences. Objectives should also be presented in the body of the plan, as a complete sentence under the goal. Objectives should state time frame and must be measurable. **Outcome statements** generally follow each objective or may be grouped, indicating to which objectives the outcomes refer. Outcomes state what change will occur from the attainment of these objectives.

*There may be other problem statements not addressed in the current plan that should be addressed in future revisions of the strategic plan. These additional problem statements should

be listed after the outcome of the last objective in the appropriate section with a statement that the board will address these areas as other resources become available. Including these problem statements for future revisions means that no other organization/agency has included them in its strategic plan or scope of work.

A. Resource Continuum.

Please develop problem statements from your needs and resource assessment findings (tables 3A, 7A and 7B) (Elements 2 and 3).

1. Please develop at least **one goal** with objectives and outcomes for each of the two elements (Elements 2 and 3), addressing data gaps and service gaps in prevention and treatment identified in your needs and resource assessment (tables 3A, 7A and 7B), the prevention framework and treatment continuum concerning risk and protective factors, ATOD behaviors, community norms and attitudes, and treatment needs and the initial strategies to fill those gaps.

Objectives should address:

- How the KY-ASAP local board plans to address data needs identified in your Needs and Resource Scan (Element 2).

- How the KY-ASAP local board will address present gaps in target areas revealed by the treatment continuum and prevention planning framework (Element 3)

- How the KY-ASAP local board will integrate and support community-wide efforts in order to sustain strategies that have demonstrated impact, support changes in strategies as population needs change, and evaluate the effectiveness of prevention and treatment programs (Element 2).

B. Coordinated System and Community Commitment

1. Please develop problem statements regarding the process the local board will develop to become the mechanism for coordination of planning funding and evaluation of ATOD prevention and treatment efforts; and problem statements to promote widespread community involvement as identified in Narrative Part B.

(Elements 1 and 4).

2. Please develop for Element 1 **at least one goal** with three objectives and outcomes addressing the development or enhancement of the community-wide system to

coordinate the areas of planning, funding and evaluation of prevention and treatment programs, (one objective each for planning, funding and evaluation); and at least **one goal**, with 3 objectives and outcomes addressing the local KY-ASAP local board's plan for building community awareness of, participation with, and involvement in the community ATOD prevention, AOD treatment and tobacco cessation efforts (one objective each for awareness, one for involvement, one for participation (Element 4).

Objectives should address:

- How the KY-ASAP local board will coordinate community-wide planning of ATOD prevention and AOD treatment and smoking cessation efforts. (Element 1)

- How the KY-ASAP local board will identify and make recommendations for use of new resources and coordinate existing ATOD prevention, AOD treatment and smoking cessation resources (Element 1).

- How the KY-ASAP local board will assure the evaluation of all community programming and dissemination of results. (Element 1)

- How the KY-ASAP local board will review and revise the community wide local strategic plan as well as ensure the coordination of all other community strategic plans that focus on ATOD prevention, AOD treatment and tobacco cessation (Element 4).

- How the KY-ASAP local board will ensure that the entire community is aware of, has in put in, and is impacted by the KY-ASAP Local Board strategic plan. (Element 4)

III. Budget

A. The budget section of the strategic plan must include a Prevention Budget and Financial Report and a brief budget narrative that breaks down and explains the expenditures of the budget. This form was originally developed for prevention but should cover all projected expenses, including AOD treatment and smoking cessation. The form is broken down into three categories:

    - The Personnel section only includes salaries and fringe benefits for any support staff hired to assist the local board. If your local board support comes from volunteer or in kind sources, indicate the in kind amount in column C in the box labeled "IN-KIND Portion of Local /Other Revenues." Do not lump in kind amounts with KY-ASAP investment dollars.

- The Operations section is made up of three sub categories 1 implementation (all costs associated with contracts for program implementation - materials, training costs as well as fees for trainers) 2 evaluation (development of surveys etc) 3 support. (material needed for local board work).

- Indirect Costs – fiscal agent fees (not to exceed 10%).

The budget is intended to reflect only the items that will be paid for by KY-ASAP investment dollars. **All items that appear in the budget must be reflected in the goals and objectives of your plan.**

The narrative should follow the format of the Prevention Budget and Financial Report and give the breakdown of the major expenditures that compose each category, (personnel, operations, indirect). In each category, list the problem statement, goal and objective(s) that the budget expenditure will address. The budget narrative should provide enough detail for the reader to understand how the item expenditure is linked to the goals and objectives of the plan.

For example, if the Prevention Budget and Financial Report shows funds allotted for implementation of a prevention curriculum, the narrative would state the name of the curriculum as well as any other related costs - purchases of materials, fees for instructors; as well as any training costs to train instructors. This line item would also provide the rational for this funding as it relates to the element, problem statement, goals and objectives that the cost targets. If you are not sure of curriculum and specific cost items, provide an estimate and an explanation of how the estimate was established and include specific details later, in your biannual local board report.

Format

All strategic plans should be typed in 12 point Times New Roman font, double-spaced with one-inch margins. Please number all problem statements, goals objectives and outcomes. Please include a glossary for all acronyms. **Be sure to number all pages.**

Section XV

GOVERNING STATUTES AND REGULATIONS

15A.340 – Kentucky Agency for Substance Abuse Policy (KY-ASAP) – Organization – Purpose – Oversight by Office of Drug Control Policy – Members of KY-ASAP Board – Duties of Board.

15A.342 – Duties of Office of Drug Control Policy and KY-ASAP – Authority for administrative regulations – Reports.

15A.344 – County tobacco addiction and alcohol and substance abuse advisory and coordination boards – Role of KY-ASAP – Local long-term community strategy.

10 KAR 7:010 – Kentucky Agency for Substance Abuse Policy (KY-ASAP) Program and start-up funding.

10 KAR 7:020 – Kentucky Agency for Substance Abuse Policy on-going funding.

15A.340

Kentucky Agency for Substance Abuse Policy (KY-ASAP) -- Organization -- Purpose -- Oversight by Office of Drug Control Policy -- Members of KYASAP Board -- Duties of board.

(1) As used in this section and KRS 15A.342 and 15A.344, "KY-ASAP" means the Kentucky Agency for Substance Abuse Policy.
(2) The Office of Drug Control Policy shall administer an endowment from interest generated through funds appropriated or gifts, donations, or funds received from any source. The Office of Drug Control Policy may expend endowment principal, if necessary in its discretion, to carry out the purposes of this section and KRS 15A.342 and 15A.344. These expenditures from the endowment principal are hereby appropriated for this purpose.
(3) (a) The Office of Drug Control Policy shall oversee the activities specified in this section and KRS 15A.342 and 15A.344 and provide administrative support to the seventeen (17) member KY-ASAP Board, which is created to oversee the activities of KY-ASAP. Membership of the board shall be appointed by the Governor and shall consist of the following:

1. One (1) member representing the Kentucky Family Resource Youth Services Coalition, or a designee;
2. One (1) member representing the Kentucky Health Department Association, or a designee;
3. The secretary of the Cabinet for Health and Family Services, or designee;
4. The secretary of the Justice and Public Safety Cabinet, or a designee;
5. One (1) member representing the Division of Mental Health and Substance Abuse Services within the Department for Mental Health and Mental Retardation Services, Cabinet for Health and Family Services, or a designee;
6. The commissioner of the Department for Public Health, Cabinet for Health and Family Services, or a designee;
7. The executive director of the Office of Alcoholic Beverage Control, or a designee;
8. The commissioner of the Department of Education;
9. The director of the Administrative Office of the Courts, or a designee;
10. One (1) member representing the Kentucky Association of Regional Programs, or a designee;
11. One (1) member representing the Kentucky Heart Association, or a designee;
12. One (1) member representing the Kentucky Lung Association, or a designee;1
13. One (1) member representing the Kentucky Cancer Society, or a designee;
14. Two (2) members representing local tobacco addiction and substance abuse advisory and coordination boards; and
15. Two (2) members representing private community-based organizations, whether for-profit or nonprofit, with experience in programs involving smoking cessation or prevention or alcohol or substance abuse prevention and treatment.

(b) Members shall serve for a term of four (4) years, may be reappointed, and may serve no more than two (2) consecutive terms. Members shall not be compensated but shall receive reimbursement for expenses incurred while performing board business.
(c) The board shall meet at least quarterly. A quorum of nine (9) members shall be required for the transaction of business. Meetings shall be held at the call of the chair, or upon the written request of two (2) members to the chair.
(d) The board shall:

1. Oversee deposits and expenditures from the endowment;
2. Request, in its discretion, an audit relating to the expenditure ofendowment funds;
3. Receive quarterly reports from the executive director regarding KYASAP's activities;
4. Progress toward development and implementation of the strategic plan;
5. Recommend to KY-ASAP the most efficient means for using public funds to coordinate, supplement, and support high quality and ongoing programs of all public agencies and private service providers related to smoking cessation and prevention and alcohol and substance abuse prevention and treatment;
6. Recommend matters for review and analysis by KY-ASAP; and
7. Perform other duties as necessary for the oversight of KY-ASAP.

(4) The Office of Drug Control Policy and KY-ASAP shall promote the implementation of research-based strategies that target Kentucky's youth and adult populations.
(5) The Office of Drug Control Policy and KY-ASAP shall vigorously pursue the philosophy that tobacco in the hands of Kentucky's youth is a drug abuse problem because of the addictive qualities of nicotine, and because tobacco is the most prevalent gateway drug that leads to later and escalated drug and alcohol abuse.

Effective: June 26, 2007

History: Repealed, reenacted, and amended 2007 Ky. Acts ch. 85, sec. 10, effective June 26, 2007. -- Amended 2005 Ky. Acts ch. 99, sec. 10, effective June 20, 2005. -- Created 2000 Ky. Acts ch. 536, sec. 25, effective July 14, 2000.

Formerly codified as KRS 12.330.

Legislative Research Commission Note (6/20/2005). 2005 Ky. Acts chs. 11, 85, 95, 97,98, 99, 123, and 181 instruct the Reviser of Statutes to correct statutory references to agencies and officers whose names have been changed in 2005 legislation confirming the reorganization of the executive branch. Such a correction has been made in this
section.

15A.342

Duties of Office of Drug Control Policy and KY-ASAP -- Authority for administrative regulations -- Reports.

The Office of Drug Control Policy shall be responsible for all matters relating to the research, coordination, and execution of drug control policy and for the management of state and federal grants, including but not limited to the prevention and treatment related to substance abuse. By December 31 of each year, the Office of Drug Control Policy shall review, approve, and coordinate all current projects of any substance abuse program which is conducted by or receives funding through agencies of the executive branch. This oversight shall extend to all substance abuse programs which are principally related to the prevention or treatment, or otherwise targeted at the reduction, of substance abuse in the Commonwealth. The Office of Drug Control Policy shall promulgate administrative regulations consistent with enforcing this oversight authority. In addition, the Office of Drug Control Policy and KY-ASAP shall:
(1) Develop a strategic plan to reduce the prevalence of smoking and drug and alcohol abuse among both the youth and adult populations in Kentucky;
(2) Monitor the data and issues related to youth alcohol and tobacco access, smoking cessation and prevention, and substance abuse policies, their impact on state and local programs, and their flexibility to adapt to the needs of local communities and service providers;
(3) Make policy recommendations to be followed to the extent permitted by budgetary restrictions and federal law, by executive branch agencies that work with smoking cessation and prevention and alcohol and substance abuse issues to ensure the greatest efficiency in agencies and to ensure that a consistency in philosophy will be applied to all efforts undertaken by the administration in initiatives related to smoking cessation and prevention and alcohol and substance abuse;
(4) Identify existing resources in each community that advocate or implement programs for smoking cessation or prevention, or drug and alcohol abuse prevention, education, or treatment;
(5) Encourage coordination among public and private, state and local, agencies, organizations, and service providers, and monitor related programs;
(6) Act as the referral source of information, utilizing existing information clearinghouse resources within the Department for Public Health and CHAMPIONS for a Drug Free Kentucky Office, relating to youth tobacco access, smoking cessation and prevention, and substance abuse prevention, cessation, and treatment programs. The Office of Drug Control Policy and KY-ASAP shall identify gaps in information referral sources;
(7) Search for grant opportunities for existing programs within the Commonwealth;
(8) Make recommendations to state and local agencies and local tobacco addiction and substance abuse advisory and coordination boards;
(9) Observe programs from other states;
(10) Coordinate services among local and state agencies, including but not limited to the Justice and Public Safety Cabinet, the Cabinet for Health and Family Services, the

Department of Agriculture, the Environmental and Public Protection Cabinet, the Administrative Office of the Courts, and the Education Cabinet;
(11) Assure the availability of training, technical assistance, and consultation to local service providers for programs funded by the Commonwealth that provide services related to tobacco addiction, smoking cessation or prevention, or alcohol or substance abuse;
(12) Review existing research on programs related to smoking cessation and prevention and substance abuse prevention and treatment;
(13) Comply with any federal mandate regarding smoking cessation and prevention and substance abuse, to the extent authorized by state statute;
(14) Establish a mechanism to coordinate the distribution of funds to support any local prevention, treatment, and education program based on the strategic plan developed in subsection (1) of this section that could encourage smoking cessation and prevention through efficient, effective, and research-based strategies;
(15) Oversee a school-based initiative that links schools with community-based agencies and health departments to implement School Programs to Prevent Tobacco Use, based upon the model recommended by the Centers for Disease Control and Prevention. To the extent permitted by resources, the initiative shall involve input by and services from each of the family resource and youth services centers, regional prevention centers, and existing school-based antidrug programs;
(16) Work with community-based organizations to encourage them to work together to establish comprehensive tobacco addiction and substance abuse prevention education programs and carry out the strategic plan developed in this section. These organizations shall be encouraged to partner with district and local health departments and community mental health centers to plan and implement interventions to reach youths before tobacco addiction and substance abuse become a problem in their lives;
(17) Coordinate media campaigns designed to demonstrate the negative impact of smoking and the increased risk of tobacco addiction, substance abuse, and the development of other disease in children, young people, and adults. To accomplish this objective, KY-ASAP shall work with local media to reach all segments of the community quickly and efficiently;
(18) Certify to the Governor, the secretary of the Justice and Public Safety Cabinet, and the General Assembly during the budget request process established under KRS Chapter 48 the extent to which each entity receiving state funds has cooperated with the Office of Drug Control Policy and KY-ASAP, coordinated with community resources, and vigorously pursued the philosophy of the Office of Drug Control Policy and KY-ASAP;
(19) Promulgate, with the approval of the secretary of the Justice and Public Safety Cabinet, any administrative regulations necessary to implement this section and KRS 15A.340 and 15A.344; and
(20) Report annually to the Legislative Research Commission and Governor regarding the proper organization of state government agencies that will provide the greatest coordination of services, and report semiannually to the Legislative Research Commission and Governor on the status of the Office of Drug Control Policy and KY-ASAP programs, services, and grants, and on other matters as requested by the Legislative Research Commission and Governor.

Effective: June 26, 2007

History: Repealed, reenacted, and amended 2007 Ky. Acts ch. 85, sec. 11, effective June 26, 2007. -- Amended 2006 Ky. Acts ch. 211, sec. 6, effective July 12, 2006. -- Amended 2005 Ky. Acts ch. 99, sec. 11, effective June 20, 2005. -- Created 2000 Ky. Acts ch. 536, sec. 26, effective July 14, 2000.

Formerly codified as KRS 12.332.

Legislative Research Commission Note (6/20/2005). 2005 Ky. Acts chs. 11, 85, 95, 97, 98, 99, 123, and 181 instruct the Reviser of Statutes to correct statutory references to agencies and officers whose names have been changed in 2005 legislation confirming the reorganization of the executive branch. Such a correction has been made in this section.

15A.344

County tobacco addiction and alcohol and substance abuse advisory and coordination boards -- Role of KY-ASAP -- Local long-term community strategy.

(1) KY-ASAP shall establish in each county a local tobacco addiction and alcohol and substance abuse advisory and coordination board to assist in planning, overseeing, and coordinating the implementation of local programs related to smoking cessation and prevention and alcohol and substance abuse prevention, cessation, and treatment, although a single board may be established for multiple counties to ensure a comprehensive range of services. The board shall assist with the coordination of programs provided by public and private entities. If the existing programs of private service providers are of high quality, KY-ASAP shall concentrate on providing missing elements and support for those providers. The Cabinet for Health and Family Services shall support the communities' efforts.
(2) KY-ASAP shall consult with community leaders to solicit the names of residents from the community to serve on each advisory and coordination board. KY-ASAP shall request from each board the submission of reasonable reports on the effectiveness, efficiency, and efforts of each local program, including recommendations for increased or decreased funding, and KY-ASAP shall supply information as necessary to the advisory and coordination board to enable it to carry out its functions.
(3) KY-ASAP shall provide incentives to encourage multicounty advisory and coordination board requests and shall establish a single board to represent all counties making the request. Priority in establishing a board shall be given to existing regional prevention centers or coalitions, community organizations, or local Kentucky Incentives for Prevention (KIP) project coalitions. Membership shall consist of residents from each of the counties.
(4) Each advisory and coordination board shall develop a long-term community strategy that is designed to reduce the incidence of youth and young adult smoking and tobacco addiction, promote resistance to smoking, reduce the incidence of substance abuse, and promote effective treatment of substance abuse. All county resources, both private and public, for-profit and nonprofit, shall be considered in developing this strategy. (a) Employers, local leaders, schools, family resource and youth services centers, health care providers and institutions, economic developers, and other relevant local and regional entities shall be consulted in the development of the strategy. (b) An assessment of needs and available services shall be included in the strategy.

Effective: June 26, 2007

History: Repealed and reenacted 2007 Ky. Acts ch. 85, sec. 12, effective June 26, 2007. -- Amended 2005 Ky. Acts ch. 99, sec. 75, effective June 20, 2005. – Created 2000 Ky. Acts ch. 536, sec. 27, effective July 14, 2000.
Formerly codified as KRS 12.334.

10 KAR 7:010

Kentucky Agency for Substance Abuse Policy (KY-ASAP) Program and start-up funding.

RELATES TO: KRS 12.330, 12.332, 12.334, Chapter 13B, 45A.005-45A.020, 45A.035-45A.045, 45A.050, 45A.075, 45A.130, 45A.145, 45A.210, 45A.230-45A.235, 45A.480, 45A.695-45A.705, 45A.725, 222.211, 248.723 STATUTORY AUTHORITY: KRS 12.332(19)

NECESSITY, FUNCTION, AND CONFORMITY: KRS 12.332 requires the Kentucky Agency for Substance Abuse Policy (KY-ASAP) to promulgate administrative regulations to develop a statewide strategic plan to reduce the prevalence of tobacco use and drug and alcohol abuse among both the youth and adult populations in Kentucky. This administrative regulation establishes: the mechanism for the distribution of start-up funds for the implementation of the approved long-term community strategy; the incentives to encourage formation of multicounty advisory and coordination boards; the composition of a local board; and reporting requirements.

Section 1. Definitions. (1) "Initial fiscal agent" means an entity that shall have a permanent representative on a local board and a financial structure that currently receives funding from state or federal government.

(2) "Kentucky Agency for Substance Abuse Policy or "KY-ASAP" means the agency established at KRS 12.330(1) to (3).

(3) "Local board" means that entity described at KRS 12.334(1).

Section 2. General. (1) KY-ASAP shall develop proposal instructions with advice from the following:

(a) KY-ASAP Board; and

(b) Cabinet for Health Services, Department for Mental Health and Mental Retardation Services.

(2) Instructions shall be contained in the Kentucky Agency for Substance Abuse Policy (KY-ASAP) Community Readiness Instrument, incorporated by reference.

(3) If a local board fails to comply with KRS 12.334, the Executive Director of KY-ASAP shall notify the chairman of the local board by letter that the existing board may be abolished.

(4) An adverse action letter to a local board chairman shall comply with the notice requirements of KRS Chapter 13B.

Section 3. Local Board Membership. (1) A local board representing more than one (1) county shall insure that each county is represented on the local board when requesting appointment for local board members.

(2) Membership of a single county local board shall be no less than fifteen (15) and no more than twenty (20) members.

(3) Membership of a multicounty local board shall be no less than fifteen (15) and no more than thirty (30) members.

(4) Membership of a single county local board for a county with a population exceeding 250,000 shall be no less than fifteen (15) and no more than thirty (30).

(5) The permanent membership of a local board shall include the:

(a) County judge executive or designee;

(b) Executive director of a community mental health center or designee;

(c) Executive director of a health department or designee;

(d) Coordinator of a family resource or youth services center;

(e) Superintendent of a local school district or designee; and

(f) Service Region Administrator of the Cabinet for Families and Children, Department for Community Based Services or designee.

(6) A nonpermanent board member shall be selected to fill remaining seats from the following areas:

(a) Business leaders;

(b) Religious leaders;

(c) Judicial system;

(d) Law enforcement;

(e) Media;

(f) Health care;

(g) Group with funds to provide alcohol, tobacco, and other drug prevention;

(h) Group with funds to provide alcohol, tobacco, and other drug treatment;

(i) Local leaders in the area of alcohol, tobacco, and drug prevention;

(j) Member of existing health or related strategic planning initiatives; and

(k) University or local college that serves the county.

(7) Representatives appointed under any paragraph in this section, excluding subsection (5)(a) of this section, shall not comprise more than ten (10) percent of the total board membership.

(8) Representation from health departments and community mental health centers shall be equivalent.

Section 4. Local Board Bylaws Requirement. (1) A local board shall include the following in written bylaws:

(a) Definition of officers and membership, and instructions for their selection;

(b) An organizational chart;

(c) Description of the responsibilities of officers;

(d) description of procedures for decision making;

(e) policy for officer rotation;

(f) Establishment of meeting times at a regular hour and date;

(g) Description of procedure for dispute resolution; and

(h) Requirements for:

1. Preparation of a written agenda for a meeting;

2. Provision of a standard orientation for new members;

3. Distribution of meeting minutes to members prior to meetings;

4. Selection of a fiscal agent that receives state or federal funding, excluding the initial fiscal agent specified in Section 7(1) of this administrative regulation; and

5. Selection of fiscal agent to provide necessary insurance coverage for KY-ASAP local board activities.

(2) If local board membership requirements of KRS 12.334 or Section 2(5) of this administrative regulation are not met, the KY-ASAP Executive Director shall send written notification to:

(a) The convening agency, prior to or following board designation; and

(b) The fiscal agent and the chairperson of the board made known to KY-ASAP by the board, following designation.

(3) A local board shall include changes in membership in the semiannual report required by KRS 12.334(2).

Section 5. Application Process. (1) In order to approve start-up funding in accordance with Section 6 of this administrative regulation, a local board shall submit an application to KY-ASAP.

(2) If an applicant, during an initial submission period, includes a county also specified in another application, the applications duplicating counties shall be returned to the applicants for resolution.

(3) If application time frame does not allow for resolution of an overlapping county issue and this overlap remains in the final applications submitted, the applicants shall be issued a certified letter from KY-ASAP requesting the organizers to reapply during the next application cycle.

(4) The following process shall apply to an entity seeking to qualify as a local board:

(a) The applicant shall submit a letter of intent to begin the KY-ASAP local board and strategic plan development process;

(b) KY-ASAP shall respond to a letter of intent within fifteen (15) calendar days of receipt;

(c) The applicant shall then submit a community readiness document according to instructions in the "Local Board Announcement", incorporated by reference.

(5) For an applicant accepted into the program, payment of the initial lump sum shall require completion of the following:

(a) An approved community needs and resource assessment of existing or proposed strategic plans that address alcohol, tobacco, and other drug abuse prevention or treatment;

(b) A system structure plan that details local board development and activities;

(c) A list of permanent local board members in accordance with Section 3 of this administrative regulation;

(d) A list of nonpermanent local board members in place at the time of application submission;

(e) If the local board encompasses more than one (1) county, a letter of support from the judge executive each county affected;

(f) If a local board includes a city of the first or second class, a letter of support from the city's mayor;

(g) A written notice sent from the executive director to the initial fiscal agent:

1. Indicating approval; and

2. Including a letter of intent to contract, in compliance with applicable sections of KRS Chapter 45A;

(h) The contract shall specify:

1. Obligations of the parties;

2. Services to be provided;
3. Requirement for fund repayment;
4. Result of failure to meet contract provisions; and
5. Signature of the initial fiscal agent.

(6) Final lump sum payment shall be made following a fiscal review of the local board pertaining to:

(a) Fiscal review of the local board's use of initial start-up funding;

(b) Implementation of the long term community strategic plan; and

(c) Local board activity, including election of chairman and completion of appointment of board members.

Section 6. Start-Up Funding. (1) In order to insure funding is received by local boards without unnecessary delay, KY-ASAP shall pay start-up funding in two (2) lump sum payments.

(2) Lump sum payments shall be used to develop and implement the long-term community strategy.

(3) No more than fifteen (15) percent of the total start-up funds shall be used prior to the KY-ASAP executive director's approval of the long-term community strategic plan.

(4) An initial lump sum payment may be made when at least one (1) more than half of the membership has been appointed to the board, if all other conditions are met.

Section 7. Start-Up Funding Payment. (1) The initial fiscal agent, upon receipt of notice of local board designation, shall submit a letter of agreement to KY-ASAP to serve as permanent fiscal agent.

(2) KY-ASAP shall award payments to a designated local board through that board’s selected fiscal agent, to the extent funds are available, as follows:

(a) $50,000 for a single county with a local board;

(b) An incentive of $110,000 for a single local board that coordinates a two (2) county local board;

(c) An incentive of $175,000 for a single local board that coordinates three (3) or more counties; or

(d) $200,000 for single local board that coordinates a multicounty area with a combined population of 250,000 or greater.

Section 8. Local Board Reporting. (1) A local board shall report semiannually to KY-ASAP in accordance with KRS 12.334(2) on the following dates:

(a) March 1; and

(b) September 1.

(2) KY-ASAP shall forward a copy of each report to the KY-ASAP Board.

(3) A copy of each semiannual report shall be included in the KY-ASAP Annual Report to the Legislative Research Center and the Governor, as required by KRS 12.332(20).

Section 9. Incorporation by Reference. (1) The following material is incorporated by reference:

(a) "Kentucky Agency for Substance Abuse Policy (KY-ASAP) Community Readiness Instrument, 2001"; and

(b) "KY-ASAP Local Board Announcement, 2001".

(2) This material may be inspected, copied or obtained, subject to applicable copyright law, at the Kentucky Agency for Substance Abuse Policy Office, 859 East Main Street, Suite 7A, Frankfort, Kentucky, Monday through Friday, 8 a.m. to 4:30 p.m. (28 Ky.R. 179; Am. 1152; 1342; eff. 12-19-2001)

10 KAR 7:020

10 KAR 7:020. Kentucky Agency for Substance Abuse Policy on-going funding.

RELATES TO: KRS 12.330-12.334, Chapter 13B, 45A.005-45A.020, 45A.035-45A.050, 45A.075, 45A.130, 45A.145, 45A.210, 45A.230, 45A.235, 45A.480, 45A.695-45A.705, 45A.725, 222.211, 248.723 STATUTORY AUTHORITY: KRS 12.332(19)

NECESSITY, FUNCTION, AND CONFORMITY: KRS 12.332 requires the Kentucky Agency for Substance Abuse Policy (KY-ASAP) to promulgate administrative regulations to sustain a statewide strategic plan to reduce the prevalence of tobacco use and drug and alcohol abuse with both the youth and adult populations in Kentucky. This administrative regulation establishes standards to maintain designated KY-ASAP local boards and the mechanism for distribution of designated funds for the continued implementation of the approved long-term community strategy.

Section 1. Definitions. (1) "Good standing" means compliance with applicable statutes, administrative regulations, and contracts, and shall be determined by KY-ASAP with advice from the Cabinet for Health Services, Department for Mental Health and Mental Retardation Services, Division of Substance Abuse.

(2) "Kentucky Agency for Substance Abuse Policy" or "KY-ASAP" means the agency established at KRS 12.330(1) to (3).

(3) "Local board" means that entity described at KRS 12.334(1).

(4) "Ongoing funds" means dollars distributed from KY-ASAP for the purpose of supporting the strategic plans of local boards in good standing.

(5) "Good standing" means those local boards found in compliance with all appropriate administrative regulations, contracts, and other requirements as specified by KY-ASAP and such as determination shall be made by KY-ASAP with the advice from the Cabinet for Health Services, Department for Mental Health and Mental Retardation Services, Division of Substance Abuse.

Section 2. Proposals from Local Boards for Ongoing Funding. KY-ASAP shall, contingent upon available funds:

(1) Develop instructions for local boards to follow for submission of proposals for ongoing funding;

(2) Develop, by October 15, 2003, a standard form for submission of a request for proposal; and

(3) Consult with the following entities for general guidance in the distribution of ongoing funds:

(a) The KY-ASAP Board; and

(b) The Cabinet for Health Services:

1. Department for Mental Health and Mental Retardation Services, Division of Substance Abuse; and

2. Department for Public Health.

Section 3. Local Board Reports. Each local board shall include the following information in the semiannual report required by KRS 12.334(2) and detailed in 10 KAR 7:010, Section 8:

(1) Information regarding the effectiveness, efficiency, and efforts of the program, as required by KRS 12.334(2);

(2) Detail of expenditures made during the reporting period;

(3) Detail of strategic plan implementation; and

(4) Recommendations for increased or decreased funding; as required by KRS 12.334(2).

(5) If a local board fails to submit the required reports:

(a) The Executive Director of KY-ASAP shall notify the local board's fiscal agent and chair, by certified letter, of the noncompliance, stating the reasons therefore;

(b) The local board may, within forty-five (45) days of the date of notice, submit a plan of corrective action to the executive director;

(c) The executive director shall, within thirty (30) days of receipt of a plan of corrective action, respond, in writing; and

(d) If the executive director determines that the proposed plan fails to meet the requirements of this administrative regulation, the executive director shall:

1. Present to the KY-ASAP Board at its next scheduled meeting, the finding of noncompliance and the reasons therefore, accompanied by documentation supporting the decision; and

2. Take action to abolish the local board.

(e) A local board found in noncompliance, and whose proposed corrective plan is rejected, shall return or reimburse KY-ASAP the amount of funds received during the period of noncompliance, in accordance with the contract executed between the fiscal agent of the local board and the Cabinet for Health Services, Department for Mental Health and Mental Retardation, Division of Substance Abuse, on behalf of KY-ASAP.

(f) A local board aggrieved by a finding of noncompliance may appeal pursuant to KRS Chapter 13B.

Section 4. Application Process. (1) A local board seeking funds for ongoing services shall:

(a) In response to an RFP issued by KY-ASAP, submit an application, incorporated by reference, to the KY-ASAP; and

(b) Be in good standing at the time of application.

(2) If the KY-ASAP approves the application:

(a) The KY-ASAP shall notify the fiscal agent and the chair of the qualifying local board;

(b) The fiscal agent shall submit to KY-ASAP a letter of agreement to serve as fiscal agent; and

(c) KY-ASAP and the local board shall execute a contract in compliance with applicable sections of KRS Chapter 45A, to the extent funds are available.

(3) A single contract with a local board shall not exceed the sum of $200,000. (29 Ky.R. 1509, Am. 2266; eff. 3-19-03.)